

**DOCTORAL THESIS**

Title	Promoting Dignity in Organizational Life: A Conceptualization, Application, and Theoretical Extension
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For my Mother

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ABSTRACT

This dissertation builds a case for what dignity is, why it is important, and how and when organizations can attend to dignity. The first paper investigates the *what* and *why* of dignity by examining and analyzing the content of current understandings in the management literature to achieve a robust conceptualization. The second paper investigates the *how* of dignity by explicating through a longitudinal, qualitative, field study how an organization plans and designs physical space intended to foster feelings of wholeness, dignity, and wellbeing. The third paper reviews the *when* of dignity by illustrating with a single case study how narrative stories support the development of relational coordination across organizational and international borders. In this particular case, the stories are used to promote the organization's mission, which is the promotion of dignity. Contributions of this body of work include a deeper understanding of: the processes for affirming dignity and dignity's cultural specifications; a delineation of positive outcomes and challenges to individuals and organizations in the act of promoting dignity; the definition and a model of a design practice that may be used to achieve humanistic design (i.e. design that promotes human dignity); and, propositions for future deductive theory testing research regarding the use of stories as a form of communication that contributes to the quality of relational coordination, particularly when dignity is the shared aim of these relationships. The contribution to management practice functions to shrink a knowing-doing gap by offering leaders and stakeholders a way to effectively cope with today's wider social, political, and environmental issues through the humanistic management practice of placing people as the front and center purpose of business. Three qualitative methods were used including a bibliographic literature review, a longitudinal, qualitative, field study, and a case study.

Keywords: dignity; humanistic management; business ethics; workspace design; design practice; empathy; imagination; relational coordination; story telling; bibliographic review; case study; longitudinal qualitative field study

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Traveler, there is no path. The path is made by walking.

Caminante, no hay camino, Se hace camino al andar.

(Antonio Machado, Spain)

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Chapter 1: Introduction

1.1 Author's path

Prior to becoming a doctoral student at ESADE Business School, Ramon Llull University, I pursued a Master of Positive Organizational Development and Change (MPOD) from Case Western Reserve University in Cleveland, OH. During the MPOD program, I became incredibly inspired by positive organizational scholarship, as it revealed capacities to become, opportunities to grow, and aims towards the ideal. Viewing life from this lens supported my personal growth in this direction, which was rewarding and motivated me to discover similar pathways for others.

As a doctoral student, the inspiration from the MPOD program carried over into a desire to understand the best of the human condition. Dignity presented itself as the all-encompassing concept for that which makes us uniquely human and how we honor that worth. Fundamentally, I deeply care about how people fare in their daily life, and as most of our waking life is spent at work, dignity in organizations was clearly an ideal context. So much of organizational studies focus on efficiency and gains and progress... of the bottom line. This focus neglects what is to me glaringly obvious, that ultimately human beings make up organizations. Studying dignity provided me the opportunity to research many angles of the concept and to better understand the challenges faced by individuals and organizations towards its promotion.

The study of dignity has not been without challenges. It is a multidisciplinary concept and thus grasping the full concept at times feels like a never-ending black hole. Within the organizational literature, it is a business ethics concept and even more specifically, a humanistic management one. Accompanied with limiting the concept into the business ethics domain are automatic naysayers that doubt its relevance and importance. As an example, during the most robust research

project conducted for this dissertation (paper 2 located in Chapter 3 of this monograph), I was housed within a Center for Ethics, Humanities, and Spiritual Care at a major healthcare facility, yet even here I faced challenges in arguing the validity of this inquiry and its potential for new knowledge that contributes to happiness, well-being, and flourishing. Perhaps most rewarding though was the change I occasionally witnessed in an individual's eyes when I presented them with the humanistic maxim in the form of a question, "What if the purpose of business was people and not profit?" The glint of awakening was almost always preceded with a scorned eyebrow that seemed to say, "How silly, we all know the purpose of business is profit." This response reflected the very ingrained assumption of business and organizations today. Building on this traditional view, I next review the relevance of the topic to current trends in the management literature.

1.2 Relevance and gap¹

The call for a better understanding of dignity in organizational life is even more pressing as the world continues to recover from the effects of the recent economic crisis and, according to some, the parallel crisis of management ethics (Fry & Slocum, 2008; Waldman & Galvin, 2008). The past decade is wrought with a surplus of publicized corporate scandals and instances of management misconduct that erode public faith and fuel legislative reactions. Scandals reveal irresponsibility and a missing normative aim more often than previously thought (Bansal & Candola, 2003; Brown & Trevino, 2006; Schwartz & Carroll, 2003). There

¹ The "Relevance and gap" section of this Chapter is adapted from my application to the 2013

is also a growing awareness that the costs of unethical misconduct are enormous, whether in terms of the loss of business, damaged corporate reputations, alienated customers, litigation costs, or damages paid. In extreme cases, such as the Enron stock crash, the collapse of the entire company and the ensuing loss of jobs, pensions, and value of annuities and retirement funds resulted from irresponsible behavior. For society, the indirect costs may take the form of loss of confidence in the marketplace, loss of government revenue in the case of bailouts, and a tarnished image of corporate leadership (Waldman & Galvin, 2008). Irresponsible behavior thus affects a range of stakeholders, including investors, employees, customers, and the larger society.

The quest for dignity is not only a response to recent business scandals and calls for more ethical conduct but also a result of changes and new demands in the global marketplace (Puffer & McCarthy, 2008; Waldman & Galvin, 2008). For example, stakeholders expect that corporations and their leaders will take a more active role as citizens in society and contribute to the “triple bottom line” (Elkington, 1998) by creating environmental, economic, and social value. As the growing number of public–private partnerships, social innovations, and leadership initiatives indicate, more and more businesses accept their responsibility to help find solutions to pressing global problems, including poverty and human rights protections. Surveys of senior executives conducted by the strategy consultancy McKinsey & Co. (McKinsey, 2006, 2010) reveal however that a knowing–doing gap persists. For example, executives recognize their broader responsibilities as global citizens, but they also struggle to cope effectively with the wider social, political, and environmental issues facing today’s business leaders. This dissertation begins to shed light on this gap by looking into the humanistic management practice of placing people as the front and center purpose of business. This body of work is therefore focused on the promotion of dignity and builds a foundation of understanding that includes: what it means to be human, how to honor that

humanity, how organizations honor that humanity, and avenues for future research.

1.3 Conceptual platforms and review

To support management in the 21st century, this inquiry is framed in the evolving domain of positive organizational ethics. The domain of positive organizational ethics can best be described by its two core functions: one, positive organizational ethics consists of a set of norms, values, and motifs that guide moral actors in the pursuit of positive organizing, that is, an organizational practice that aims at positive transformation towards human flourishing and dignity. In this sense, positive organizational ethics is applied ethics underlying individual or collective action to improve the human condition. Two, positive organizational ethics can also be conceived of as a theoretical framework to reflect on the appropriateness and effectiveness of positive organizing and specific positive organizational ethics related action. As such, it determines the “right” norms and values and thus what ought to be done to achieve a specific positive end state, rather than representing a set of actionable norms and values that is applied to achieve this end state. In other words, the latter is concerned with what “positive” means in ethical terms, whereas the former aims at guidance on how to achieve the positive in appropriate ways.

Caza et al (2004) have discussed positive organizational ethos within the context of rapid change not as a duty or rule to be followed, but as the underlying ideal that motivates ethical rules and obligations. This ideal moves beyond duty-bound behaviors towards excellence. Caza et al (2004) further claim that following through on duty and avoiding harm is quite different from functioning on the right

side of the spectrum, where ethos and excellence reside. Moving towards ethos requires virtue-bound behaviors, those that allow an individual to excel as an individual, as a leader, and as a citizen in society. These behaviors are above and beyond duty-bound behaviors. Thus, inquiry into human dignity from a positive organizational ethics perspective informs our understanding of the behaviors, norms, values, and motifs that guide leaders and stakeholders in the pursuit of human dignity. It answers a call for the need and desirability of positive outcomes.

As organizations are social structures embedded in society, it has long been recognized that they do not act in isolation of their environment and must adapt to this environment (Woodward, 1965). They influence and are influenced by the environment just as leaders influence and are influenced by followers as stakeholders. Archbishop Desmond Tutu popularized the concept of ubuntu, meaning, “I am who I am because of who you all are” (Tutu, 1999). As humans, we are inextricably bound up in each other (Wheatley & Frieze, 2011). This recognition, it is thought, is vital to the development of a psychology of human strengths (Berscheid, 2003: 38). This relational and constructivist view shapes how organizations ultimately promote the outcome of human dignity.

Before discussing the theoretical perspectives leveraged and the methods used to research organizational practices aimed at positive transformation towards human dignity, a brief review of dignity from a multi-disciplinary perspective will first be conducted. Dignity has been studied within many domains of inquiry, including Greek and Roman antiquity, philosophy (Kant, 1785; Meyer, 1987; Sensen, 2011); sociology (Meyer & Parent, 1992), political science (Germany, 1949; Schulman, 2008; U.N., 1948), and, metaphysics and religion (Aquinas, 1265). While the focus of dignity changes depending on the lens from which it is viewed and the population of people it is applied to, it typically falls along one of three primary trajectories: 1) what is intrinsic and inalienable to being human; 2) what it means

to be treated as a human being as well as to treat others as human beings; and, 3) what it means to be a member of a certain status or class (Rosen, 2012). In the first paper (Chapter 2 of this monograph), this definition is expanded to reflect upon its meaning and highlight its application in an organizational context. This first paper is the foundation upon which the subsequent two papers are built as it serves to achieve a deep understanding of the construct.

As scholars refocus on the importance of organizations in society, they have revisited Weber's (1947) fundamental question, "What are the consequences of the existence of organizations?". These scholars seek to further understand this macro effect, as well as organizations' connection to the sociocultural context to which organizations both shape and respond (Bartunek, 2002; Bruton, 2010; Cornuel, Habisch, & Kletz, 2010; Hinings & Greenwood, 2002). Within this paradigm, strides have been made to better understand the value and outcomes of humanistic management practices, those that on a micro level uphold human dignity within an economic context (Spitzeck, 2011). This is fundamentally different from the traditional frame of understanding management and organizations, which views human beings as means to an economic end and elements of a system (Guillen, 1997).

Humanistic management is founded on the dignity and freedom of each individual (Melé & Mammoser, 2011) and makes human beings the measure of all things and the pursuit of promoting this humanity management's central goal (Melé, 2003a; Spitzeck, 2011). As organizations are communities of persons, fostering the dignity of each person as a unique human being enables the actualization of individual organizational members and the growth of the organization alike (Melé, 2012). While the idea of promoting human dignity is as old as Aristotelian ethics, its application to management is rather new, as is our scholarly understanding of the mechanisms that contribute to this outcome. This dissertation aims to address this

gap and further our understanding in this regard. The second paper (Chapter 3 of this monograph) shows how organizations utilize a design practice, termed empathic imaging, to design space that signals the promotion of human dignity. The third paper (Chapter 4 of this monograph) looks at the use of stories as a form of communication that supports relational coordination. With the illustration of a single case, this theoretical advancement occurs in the pursuit of the organization's mission, which is to promote the dignity of the clients they serve.

1.4 Theoretical perspectives leveraged

Two predominant theoretical lenses are used to advance understanding of the promotion of human dignity. The first theoretical lens, used in my third paper (Chapter 4 of this monograph), is relational coordination. Relational coordination theory makes visible the humanistic process underlying the technical process of coordination (Gittell, 2011). It does so by highlighting the inter-subjectivity of the process, which is dependent upon the quality of communication and quality of relationships among participants. The theory of relational coordination is unique from other coordination theories in five distinct ways. First, relational coordination theory focuses on work processes. Second, the quality of relationships is based on three distinctive elements, which include shared goals, shared knowledge, and mutual respect. Third, the relationships exist between roles and not individuals. Fourth, relational coordination theory explains how relational forms of coordination influence quality and efficiency outcomes, and this influence is dependent on the nature of work. Finally, relational coordination theory explains how formal organizational structures can be designed to support relational forms of communication (Gittell, 2011).

Advances to relational coordination theory have predominantly focused on the quality of relationships. For example, Gittell and Douglass (2012) showed that organizational forms can facilitate positive relationships among customers, workers, and managers. Additionally, Gittell, et al (2006) showed that accepting short term costs from excess staffing levels in the face of adversity strengthens human relationships and creates coping resources. While these advances have accomplished much to extend the quality of relationships component of relational coordination theory, the quality of communication component has lacked attention. Research on the quality of communication has focused on frequency, timeliness, accuracy, and problem-solving (Gittell, 2011). By focusing on stories, the third paper (Chapter 4 of this monograph) extends our knowledge of the qualities of communication (e.g. frequency, timeliness, accuracy, and problem-solving) that in turn affect the quality of relationships (e.g. shared knowledge shared goals, mutual respect) between roles.

The second theoretical lens used to advance understanding of the promotion of human dignity is symbolic interactionism, which is used in the second paper (Chapter 3 of this monograph). It has been suggested, but not yet thoroughly researched, that the theory of symbolic interactionism and the field of architecture may collaborate to build designed physical spaces that improve the human condition (Bugni & Smith, 2002; Smith & Bugni, 2006). Physical space both reflects and influences our thoughts, emotions, and actions (Smith & Bugni, 2006) in a complex activity between aesthetic feeling and practical doing (Giedion, 1967; Guillen, 2006). Symbolic interactionism (Blumer, 1962, 1969; Mead, 1934, 1938) has shown that this complex activity is mediated by the use and interpretation of signs and symbols, which explains the fundamental connection between physical space and human thought, emotions, actions, experiences, and relationships (Bugni & Smith, 2002; Elsbach & Pratt, 2007; Pratt & Rafaeli, 2001; Rafaeli & Vinai-Yavetz, 2004; Smith & Bugni, 2006; Vilnai-Yavetz, 2005; Zhong & House, 2012).

Symbolic interactionism scholarship reveals “that the search for constructing, knowing, and performing the self often occurs in relation to designed physical [spaces]” (Smith & Bugni, 2006: 126). Although the connection between physical space and our human being has been well documented, scholars have predominantly focused on the receiver side and have not paid as much attention to the designer side (Smith & Bugni, 2006).

Humanistic design intends to signal the promotion of dignity of end users through perceived subjective meaning rather than formal objective reality (Bugni & Smith, 2002). This approach views buildings as active participants in the lives of users and enables human potential to unfold. Humanistic approaches emphasize the value and agency of users, thus influenced by the physical space around them, and considers a more holistic personal experience of the physical space than the simply functional one often highlighted in standard planning and design processes. Humanistic design fundamentally improves the human condition through its signaling of the promotion of human dignity. Through the analysis of a longitudinal, qualitative, field study, we contribute to understanding of both the outcome of humanistic space that signals the promotion of human dignity and, the definition of a design practice—termed empathic imagining—that may be used to envision future space.

1.5 Qualitative methods and research questions

Qualitative methodology is appropriate to the study of dignity as it is difficult to deduce *being human* to measurable variables and to cause and effect. Only one empirical measure was discovered that included dignity as a variable, whether antecedent our outcome. Dignity is a factor of interpersonal / interactional justice

and procedural justice in that it is an item on these validated scales (Bies & Moag, 1986; Colquitt, 2001). The majority of research on the topic of dignity is conceptual, normative, and/or translational in that it philosophically argues for what is to most people quite obvious yet frequently ignored in organizational life. Therefore, this monograph seeks to advance understanding with three qualitative studies. In this tradition, the data gathered were rich accounts of *humanity* and *being human* and the meaning contained therein for the informants.

For example, In the third paper (Chapter 4 of this monograph), a case study method was utilized because the opportunity presented itself to research a contemporary organization that emphasized a real-world context in which the phenomenon occurred (Eisenhardt, 1989). The particular case is Hagar International whose sole mission is to restore life to its fullest by promoting dignity. The informants strongly believed in the metaphysical ontology—that human beings are made in the likeness of the divine. This core belief serves as their daily inspiration to fulfill the mission of the organization. The data further suggests the organization excels at forging strong relationships across boundaries in advancement of its mission. The initial research objective was therefore to descriptively explore how Hagar International coordinated its work processes in fulfillment of its mission. The objective was consistent with research on relational coordination (Gittell, 2006, 2011; Gittell & Douglass, 2012), which led to the expectation of a high degree of support for research on high quality relationships. The data indicated though a high degree of quality of communication through the use of stories, thus providing the opportunity to extend the theory of relational coordination. In this paper the guiding research question is:

How do stories, as a form of communication, support the quality of that communication and the subsequent quality of the relationships between the storyteller and story listener?

This case study afforded the opportunity to extend theory where little data existed (Eisenhardt & Graebner, 2007; Yin, 2009). In the findings section, how stories are used throughout the single case, what the organization's stories do and do not contain, and the reasons why stories are told between stakeholders are all illustrated. In the discussion section, how this use of stories, within the theoretical frame of relational coordination, reinforce and are reinforced by the three attributes of relationships—shared knowledge, shared goals, and mutual respect—which in turn support the highest level of coordination is further elaborated upon.

The main contribution of this study is propositions for future deductive testing. While these propositions do not fully encompass the concept of dignity, they are a small step toward its advancement. In this way, this study also fulfills the main purpose of case study research, to develop constructs, measures, and testable theoretical propositions that bridge qualitative evidence to mainstream deductive research. The propositions include: 1a) the feeling of social life conveyed through stories enables knowledge to be recalled more easily; and, 1b) the feeling of social life conveyed through stories enables knowledge to be recalled for longer periods of time; 2) stories, as a form of communication, support stronger connections between roles than other forms of communication; 3) affirmative possibilities that align with the shared goals of the organization are more likely to be implemented than those that do not; and, 4) stories that enable empathy are more likely to support mutual respect.

The empirical foundation of the second paper (Chapter 3 of this monograph) is a longitudinal, qualitative, field study. This method was appropriate as studying the affect of physical space on organizational members is based on aesthetic facts, which are subjective and inextricably linked with the experiencer (Ramírez, 1987, 1991). As Strati (1992: 575) states, “the aesthetic in the life of organizations is not observable in some pure form. That is to say, this kind of discourse is based on personal allusions, on private analogic processes, and on evocative dynamics that ascribe legitimacy of expression and the right to speak to participants”. Thus, longitudinal, qualitative, field research with grounded theory development (Glaser & Strauss, 1967) allowed for an extended and thorough examination of the way the physical space of an organization affects employees. The guiding research question for this paper is:

How do organizations design physical spaces intended to signal the promotion of dignity?

To answer this question, a positively deviant organization was contracted with and a longitudinal, qualitative, field study that utilizes grounded theory-building (Glaser & Strauss, 1967) was conducted. This method was appropriate as there was a lack of sufficient theory to address the research question. In the style of qualitative research (Denzin & Lincoln, 1994, 2000), the study was designed so that the phenomenon could be researched in the environment in which it naturally occurred. The main contribution is twofold: first, there is a contribution to a call for humanistic design—design that improves the human condition—by featuring a positively deviant case; second, there is the definition of a design practice that utilizes empathy and imagination to achieve this end, which is termed empathic imagining.

In both empirical studies, it was through many iterations of collecting data, analyzing the data, and reading the literature that new layers of understanding accompanied by visceral aha's emerged at seemingly spontaneous moments. These moments were perhaps the most fulfilling during this doctoral path. In addition to the topic of focus, a passion for conducting qualitative research was discovered and has led the author to subsequently dedicate her scholarly career to both topic acumen and to becoming a qualitative methodologist. The dissertation has provided the opportunity to hone qualitative research skills. With these studies, the energy and aliveness that is associated with idea development and personal development was discovered. These generative moments as a researcher (Carlsen & Dutton, 2011: 14–15) are truly inspiration for the future.

The first paper (Chapter 2 of this monograph) enabled a clarification of the concept of dignity and integration of the scholarship on the topic as it relates to organizational life through the method of a robust bibliographic review. The guiding research questions in this paper are:

How is dignity defined and affirmed in organizations?

Which units of analysis influence affirmation of dignity?

Is dignity culturally specific or a cross-cultural norm?

What are the benefits that organizations achieve in affirming dignity?

What are the challenges that organizations face in affirming dignity?

To answer these questions, the content of current understandings of dignity was critically examined by conducting a bibliographic review of the management scholarship on the topic from the past twenty-five years. Based on this literature

review, a diffuse and segmented approach was found. The main objective has been to integrate this research in a robust conceptualization. First, dignity is defined within the confines of organizational life as an organizational actor's essential worth by virtue of being human, regardless of role, responsibility, professional background, or hierarchical level. This dignity is an objective reality. Perceived dignity is the level at which one believes their own dignity is affirmed. Perceived dignity is a subjective perception. Dignified treatment is treatment by the self and others that affirms dignity. Affirming one's dignity is a right afforded to each organizational actor. The affirmation of dignity is protected by organizational codes of ethics, codes of conduct, and business law. Next, the processes for affirming dignity—at the individual, relational, and collective levels—as they have been theorized and empirically tested by the scholars reviewed are discussed. Following this, whether dignity is culturally specific or a cross-cultural norm is evaluated. With this foundation of the definition and processes towards its affirmation, the leading doctrines that apply dignity, its perception, and its treatment to an organizational context are looked at. These doctrines include Catholic Social Teaching, personalism, humanistic management, and, business and development ethics. This is followed with emergent positive outcomes and challenges. In the discussion, progressive points on a dignity continuum, from the reduction of indignity (doing less harm) to the promotion of dignity aimed at flourishing (doing more good) are discussed. This paper closes with offering implications for practice, a future research agenda, and limitations of this review.

1.6 Presentation and scholarly contribution

This dissertation is presented as a monograph whose central Chapters are derived from articles that have not yet been published. The References for all three manuscripts are comprehensive and are located at the conclusion of the entire document. Figures and Tables are included in the text where they are discussed. Appendices are included at the end of the entire document, following the References.

The first manuscript titled, “Human dignity in organizational life: A review and conceptualization” will be submitted to the *International Journal of Management Review (IJMR)*. IJMR carries an impact factor of 2.673. This manuscript is sole authored. It has been accepted for presentation at the 7th Biennial POS Research Conference in Orlando, FL, to be held in June 2015. It has further benefited from discussions and correspondence with my weekly writing group (Matthew Fox, Lyndon Garrett, Emily Plews, Lance Sandelands, Kira Schabram, Marlene Walk), and with my advisor during my doctoral visit at The Wharton School, Amy Wrzesniewski.

The second manuscript titled, “Planning and designing for dignity: Utilizing the design practice of empathic imagining” has received a ‘revise and resubmit’ decision from the *Journal of Business Ethics (JBE)*. The manuscript included herein is the revision that has recently been resubmitted. JBE carries an impact factor of 1.552. This manuscript is coauthored with Anna Perlmutter, Doctoral Candidate Case Western Reserve University; Thomas Maak, Professor of Management, University of South Australia; and, Eric Kodish, MD, Director Center for Ethics, Humanities, and Spiritual Care at Cleveland Clinic Foundation. On the research site, Dr. Amit Anand served as a mentor. This research has benefited from discussions and correspondence with my weekly writing group and Michel Anteby,

Arne Carlsen, Jane Dutton, Mike Pratt, Lance Sandelands, and Kathy Skerrett, as well as from presentation at the 29th EGOS Colloquium (2013), the Cleveland Clinic Center for Ethics, Humanities, and Spiritual Care Works in Progress Series (2013 and 2014), and, the May Meaning Meeting (2013 and 2014). Additionally, three anonymous reviewers provided excellent suggestions for improvement.

The third manuscript, titled, "Promoting relational coordination through stories: The case of Hagar International" will be submitted to a call for Chapters on "Dignity and Organizations" to be published by Palgrave MacMillan and hosted by The Humanistic Management Network. This manuscript addresses the call for research that develops the notion of human dignity in its practical application (practice), and, this manuscript specifically addresses one of the suggested research areas, "Stories of dignity". This manuscript, in its present form, is sole authored, although future versions will be co-authored with Thomas Maak, Professor of Management, University of South Australia and Nicola Pless, Chaired Professor of Management, University of South Australia. It was presented twice during 2014: first at the Academy of Business in Society Doctoral Summer School and second by invitation to the Relational Coordination Research Collaborative as part of their annual Student Partner Research Seminars Series. A working version of this manuscript was published in the Academy of Business in Society Doctoral Summer School manuscript proceedings. This research has benefited from discussions and correspondence with my weekly writing group and with Jody Hoffer Gittel, Nicola Pless, Lance Sandelands, John Paul Stephens, and Amy Wrzesniewski, as well as from presentation at Cleveland Clinic Center for Ethics, Humanities, and Spiritual Care Works in Progress Series (2013), the Academy of Business in Society Doctoral Summer School (2014), and the Relational Coordination Research Collaborative Student Partner Research Seminars Series (2014).

In addition to the manuscripts contained herein, I have published an ISI publication on the topic of sustainable organizing. This manuscript is based on the experience of, and evidence from, a 120-day action research case and is published in the *Journal of Leadership and Organizational Studies* (DOI: 10.1177/1548051812442967). This journal has been accepted for Indexing in SSCI. The impact factor is pending and will be published in the 2015 report.

Chapter 2: Human dignity in organizational life: A review and conceptualization

Everything has either a price or dignity. Whatever has a price can be replaced by which is equivalent; whatever, on the other hand, is above all price, and therefore admit of no equivalent, has a dignity.

(Kant, 1785)

2.1 Introduction

Understanding human dignity matters because what we think it means to be human influences fundamental questions in law, ethics, and human behavior (Kateb, 2011; Pellegrino, 2008; Rosen, 2012). Evident of this, dignity is explicitly referred to in 37 international and national constitutions ratified since 1945 (Schulman, 2008), including the *United Nations' Universal Declaration of Human Rights* (U.N., 1948) and the *Basic Law of the Federal Republic of Germany* (Germany, 1949). Similarly, in its *Code of Ethics*, Academy of Management, the preeminent professional association for management and organization scholars, lists “respect for people’s rights and dignity” as one of its three general principles (AOM Governing Body, 2011: 1300), as do many successful organizations such as Johnson and Johnson, Cray Research, Ben & Jerry’s, and Liz Claibourne (Anderson, 1997). The prominence of dignity in fundamental documents at the international, national, institutional, and organizational levels reveals its centrality within modern human rights discourse, which serves as the accepted framework for the normative regulation of human life (Rosen, 2012). As the United States chairman of the President’s Council on Bioethics has said, “understanding dignity informs what we think it means to be human and what we understand to be the ethical obligations owed to the human person” (Pellegrino, 2008: xii). As work is the central category for social identity and a meaningful life (Honneth, 2009; Sayer, 2007), dignity at work is therefore a vital concern (Hodson, 2001; Islam, 2012; Kim, 2014).

Despite its prominence, dignity's definition, meaning, foundations, and implications for practice remain unclear (Rolston III, 2008). Authors of recent works (Kateb, 2011; Rosen, 2012) have tied together multiple strands of meaning within a human rights context. The aim of this paper is to clarify the concept and integrate the fragmented scholarship as it relates to organizational life. Reframing Pellegrino's quote within an organizational context, the purpose is thus to understand dignity in organizational life, which informs what we think it means to be human and what we understand to be the ethical obligations owed to organizational actors, including employees, managers, supply chain providers, and stakeholders.

As the organizational literature on dignity is overwhelmingly theoretical, a robust integration and conceptualization serves as a building block upon which propositions for future empirical research may be based (Osigweh, 1989). The conceptualization is developed by adhering to four basic elements outlined by both MacKenzie (2003) and Suddaby (2010): (1) defining dignity in organizational life; (2) confining dignity in organizational life to the scope under which it does and does not apply; (3) discussing dignity in organizational life's relationship to other related concepts; and, (4) maintaining logical consistency. Related research questions include: How is dignity defined and affirmed in organizations?; Which units of analysis influence affirmation of dignity?; Is dignity culturally specific or a cross-cultural norm?; What are the benefits that organizations achieve in affirming dignity?; and, What are the challenges that organizations face in affirming dignity?

To achieve the aim, the content of current understandings of dignity is critically examined by reviewing the management scholarship on the topic from the past twenty-five years. This review is supported with literature from other domains to fully understand the construct and its applicability. This paper begins with a brief overview of what is known about dignity in general, thereby providing a

foundation for this review. Next, the methodological approach used is explicated. This is followed by findings and a discussion and the paper concludes with implications for practice, suggestions for a future research agenda, and limitations.

2.2 Foundations of dignity

2.2.1 Defining dignity

Dignity is defined as an individual's essential worth by virtue of being human (Kant, 1785; Margolis, 2001; Melé, 2009; Rawls, 1999), regardless of disability, poverty, age, measure of success, or race (ILO, 1974; Margolis, 2001; Melé, 2009; Sabbaghi, Cavanagh, & Hipskind, 2013). Dignity itself is descriptively inherent, objective, and normatively inviolable (Spears, Ellemers, Doosje, & Branscombe, 2006), yet treatment that affirms one's dignity (dignified treatment), and the perception of this treatment (perceived dignity), is variable. An alternative definition of dignity is what it means to be a member of a certain status or class (Rosen, 2012). The origins of this meaning come from the Latin words *dignus* and *dignitas*, common in Greek and Roman literature, are grounded in excellence and carry a meaning of worthiness of honor and esteem. In this way, dignity represents something rare, something to strive for, and something only heroes achieve. This meaning is evident today in the honor bestowed upon those who embody selflessness, courage, and sacrifice, such as soldiers, elite athletes, and charismatic leaders (Schulman, 2008). This alternative definition is not universal or egalitarian. Dignity (in this sense) is distinctive and difficult to attain. For the purposes of this review, the leading definition of dignity is the focus.

Scholars consider the right to personal dignity a right afforded to everyone simply by virtue of being a human (Ignatieff & Gutmann, 2001). Philosophers count only a very limited number of rights in this category. The others most often cited are the right to live, the right to be told the truth, and the right to private property (Alder & Gilbert, 2006). While some speak of the right to dignity as a right in and of itself (ILO, 1974; Lucas, Kang, & Li, 2013), others postulate the right to dignity as fundamental to asserting the existence of all other rights (Arnold, 2010; Radin & Werhane, 2003; Ünal, Warren, & Chen, 2012). Because the dignity of the human condition contains life, body, reputation, property, and freedom of movement, scholars have suggested that the right to dignity is the basis for the rights of the human person and the maximum level of human quality treatment that one can posit within organizations (Melé, 2003b, 2014; Spaemann, 2006). This has led to the development of codes of ethics (Sirgy, 1999), codes of conduct, and laws to protect these rights; but, there also exists a normative claim that there is a superseding moral duty to do so (Alder & Gilbert, 2006). For example, Alder & Gilbert (2006) provides the scenario of treating applicants courteously during hiring practices, which is not a legal duty, as fulfillment of the right to dignity.

2.2.2 That which is intrinsic and inalienable to being human

As some scholars have focused on dignity signifying the value in being human regardless of what underwrites this value (Margolis, 2001), others have sought the ontological characteristics. There are two predominant ontological bases, metaphysical and secular. The metaphysical point of view emerged from Aristotelian ethics, is central to Judaism, Islam, and Christianity, and has become a cornerstone of the Judeo-Christian tradition (Novack, 1998). In this basis, the uniqueness of human beings compared to other species is human being's creation

“in the image of God” (Genesis 1:27) and is grounded in a transcendent dimension (Naughton & Lacznia, 1993; Sandelands, 2014). According to Jacques Maritain, an Aquinas scholar, “The human being is ordained directly to God as its absolute ultimate end. Its direct ordination to God transcends every created common good” (Sandelands, 2014: vii). Maritain further explores the Judeo-Christian tradition in saying, “Human beings are creatures contingent on the loving act of God who immediately creates each person’s soul, sustains them, and calls them to love” (1947: 42). Sandelands (2003, 2007, 2010, 2014) is a modern organizational scholar who advocates for incorporating God (or a spirit), understood as the divine being that makes us uniquely human, in business and business education so that business and business education may serve the human person.

The secular point of view emerged from Kant (1785), who declared the uniqueness of human beings from other species lies in humans’ reason and freedom (Melé, 2005), otherwise known as rationality and autonomy (Melé, 2009, 2014). Kant based human dignity upon humans’ rational autonomy to obey the moral law that humans themselves define. Being human is understood as a uniqueness of the human species and also of each individual from one another (Acevedo, 2012; Maritain, 1947; Spaemann, 2006) with the realization of an inner privacy and a self-possessed ‘I’ (Coopey & Burgoyne, 2000; Crosby, 1996; Melé, 2003b, 2014). Informed by the field of philosophical anthropology (Arendt, 1958; Crosby, 1996; Haefner, 1989; Kowalczyk, 1991; Schwartz, 1986; Spaemann, 2006; Zaborowski, 2010), organizational scholars have further untangled what is intrinsic and inalienable to being human in a secular sense as a precursor to discussing how to affirm this uniqueness. They have theorized that rational nature of humans enables: the possession of self-conscience and self-determination (Crosby, 1996; Melé, 2014); the ability to formulate purposes, consider options in their light, and take action to further those purposes (Margolis, 2001); the capacity for abstraction, for consciousness, and to deliver judgments (Melé, 2003a, 2014);

and, reasoning about and reflection on external things and oneself (Frankl, 1985). They have also theorized that free will enables: self-command and autonomy (Sayer, 2007); the capacity to live as a purposive, deliberative, and effective agent (Harmeling, 2011; Margolis, 2001); and, a corresponding responsibility and accountability (Margolis, 2001; Melé, 2014).

The ontological characteristics of a person parallel the concept of dignity in that, conceptually, they are in tandem both fixed and emergent realities. Secularly, a person is a being with a rational and autonomous nature and also a being that is growing into their humanity (Melé, 2014). Metaphysically, a person is an incomplete and imperfect refraction of the divine image who becomes more divine through the acts of knowing and loving (Sandelands, 2014; Whetstone, 2002). Dignity is the inherent worth of being human. The pursuit of realizing this worth is dignified (Maritain, 1947). This growth into one's humanity is what Aristotle called *eudaimonia*, and is "realized in the activity of the most divine part of man, functioning in accordance with his or her proper excellence" (Nagel, 1972: 252). Aristotle believed human beings achieved this state by acquiring virtues that reinforce our reason and freedom (Keyes & Annas, 2009; Melé, 2014). Flourishing is the modern interpretation of *eudaimonia*, which will be discussed in the emergent outcomes section of this paper.

2.2.3 Defining dignity in organizational life

Contextualizing dignity within organizational life, a definition of dignity thus becomes: an organizational actor's essential worth by virtue of being human, regardless of role, responsibility, professional background, or hierarchical level. This is an objective reality. Perceived dignity is the level at which one believes one's own dignity is affirmed. Perceived dignity is a subjective perception.

Dignified treatment is treatment by the self and others that affirms dignity. Affirming one's dignity is a right afforded to each organizational actor. The affirmation of dignity is protected by organizational codes of ethics, codes of conduct, and business law.

2.3 Methods for this review

A bibliographic review of the literature was conducted using the Financial Times list of the top 45 journals relevant to business schools. This list was then vetted to 18 that are focused on management studies (See Table 2T-1 for a list of these journals).

Table 2T-1. Distribution of management publications in order of 2014 ranking

Journals & FT 45 Ranking	Database	# Returned	# Relevant	% Relevant
1. AMJ	BSP	1	1	100.00%
2. AMP	BSP	0	0	N/A
3. AMR	BSP	1	0	0.00%
6. ASQ	BSP	1	0	0.00%
8. CMR	BSP	1	0	0.00%
11. ETP	BSP	0	0	N/A
12. HBR	BSP	9	6	66.67%
13. HRM	BSP	3	1	33.33%
17. JAP	BSP	0	0	N/A
18. JBE	BSP	36	24	66.67%
19. JBV	Sci D	8	2	25.00%
26. JMS	BSP	4	2	50.00%
32. MS	BSP	0	0	N/A
36. OSci	BSP	0	0	N/A

37. OStu	BSP	0	0	N/A
38. OBHD	Sci D	35	3	8.57%
44. SMR	BSP	0	0	N/A
45. SMJ	Wiley	11	1	9.09%
		110	40	

These 18 journals were searched on the term “dignity”, limiting the search to the past 25 years (1989-2014). The search was conducted in July 2014 and produced 110 papers. To further vet the list, the abstract of each paper was reviewed and a search for the term ‘dignity’ was conducted in the text. Only papers that addressed the concept directly were further analyzed. 40 relevant papers were identified (See Table 2T-2 for a list of relevant papers).

Table 2T-2. 40 Relevant articles from the distribution

Journal	Article Title	Authors	Type	Year
AMJ	Academy of Management Code of Conduct	Governing Body of AOM	Code of Ethic	2011
HBR	A new game plan for C players	Axelrod, B.; Handfield-Jones, H.; & Michaels, E.	Translational	2002
HBR	Values in tension	Donaldson, T.	Translational	1996
HBR	The right way to close an operation	Freeman, K.	Translational	2009
HBR	Making better investments at the base of the pyramid	London, T.	Translational	2009
HBR	The right way to be fired	Stybel, L. & Peabody, M.	Translational	2001
HBR	How to be a good boss in a bad economy	Sutton, B.	Translational	2009

HRM	A framework for understanding dysempowerment in organizations	Kane, K. & Montgomery, K.	Theoretical	1998
JBE	Personalist business ethics and humanistic management	Acevedo, A.	Theoretical	2012
JBE	Achieving ethics and fairness in hiring	Alder, G. & Gilbert, J.	Theoretical	2006
JBE	Virtue ethics in business and the capabilities approach	Berland, A.	Theoretical	2008
JBE	Recognition, reification, and practices of forgetting	Islam, G.	Theoretical	2012
JBE	Implications of Caritas in Veritate for marketing and business ethics	Klein, T & Lacznia, G.	Theoretical	2013
JBE	Workplace dignity in a total institution	Lucas, K.; Kang, D.; & Li, Z.	Empirical	2013
JBE	Exploring the principle of subsidiarity in organisational forms	Mele, D.	Empirical	2005
JBE	The firm as a “community of persons”	Mele, D.	Theoretical	2012
JBE	Organizational humanizing cultures	Mele, D.	Theoretical	2003
JBE	“Human quality treatment”	Mele, D.	Theoretical	2014
JBE	Integrating personalism into virtue-based business ethics	Mele, D.	Theoretical	2009
JBE	A theological context of work from the CSET	Naughton, M. & Lacznia, G.	Empirical	1993
JBE	Ethics, public policy, and managing advanced technologies	Ottensmeyer, E. & Heroux, M.	Theoretical	1991
JBE	In pursuit of dignity and social justice	Pless, N. & Appel, J.	Empirical	2012
JBE	Weaning business ethics from strategic economism	Poruthiyil, P.	Theoretical	2013
JBE	Service-learning and leadership	Sabbaghi, O.; Cavanaugh, G.; & Hipkind, T.	Empirical	2013

JBE	The power of one	Shahinpoor, N. & Matt, B.	Theoretical	2007
JBE	Social responsibility and the marketing educator	Sirgy, M.	Theoretical	1999
JBE	An integrated model of humanistic management	Spitzeck, H.	Theoretical	2011
JBE	The normative foundations of unethical supervision in organizations	Unal, A.; Warren, D.; & Chen, C.	Empirical	2012
JBE	Sticks & stones may break your bones but words can break your...	Vega, G. & Comer, D.	Theoretical	2005
JBE	The hierarchical abuse of power in work organizations	Vrendenburgh, D. & Brender, Y.	Theoretical	1998
JBE	Preserving employee dignity during the termination interview	Wood, M. & Karau, S.	Empirical	2009
JBE	Catholic social teaching and the employment relationship	Zigarelli, M.	Empirical	1993
JBV	Contingency as an entrepreneurial resource	Harmeling, S.	Empirical	2011
JBV	When do investors forgive entrepreneurs for lying?	Pollack, J. and Bosse, D.	Theoretical	2013
JMS	Politics and organizational learning	Coopey, J. & Burgoyne, J.	Theoretical	2000
JMS	'Kindergarten cop'	Fleming, P.	Theoretical	2005
OBHDP	Ethical leadership	Brown, M; Trevino, L.; & Harrison, D.	Empirical	2005
OBHDP	When organizational justice and the self-concept meet	Johnson, R.; Selenta, C.; & Lord, R.	Empirical	2006
OBHDP	Social exchange from the supervisor's perspective	Zapata, C.; Olsen, J.; & Martins, L.	Empirical	2013
SMJ	Effects of downsizing practices on the performance of hospitals	Chadwick, C.; Hunter, L.; & Walston, S.	Empirical	2004

Business Ethics Quarterly (BEQ) was also searched, as this journal, along with the *Journal of Business Ethics* (JBE), is considered an acceptable indicator of current trends in business ethics scholarship (Collins, 2000; Talukdar, 2011), which is the domain in which the study of dignity falls. The BEQ search through the Business Source Premier database yielded 12 papers, 6 of which were relevant. As the aim was to better understand the way the management literature has discussed the concept of dignity, through snowballing and reference tracking (Greenhalgh, 2005), papers were added that were cited when dignity was directly discussed and the reference lists of all full text papers were also scanned. I then used judgment to decide whether to further pursue papers (See Table 2T-3 for a list of papers added from BEQ, snowballing, and reference tracking).

Table 2T-3. Relevant articles from BEQ, snowballing, and reference tracking

Journal	Article Title	Authors	Type	Year
AME	Executive Actions For Managing Human Resources...	Schweiger, D, Ivancevich, J. & Power, F.	Translational	1987
AME	Values-based management.	Anderson, C.	Translational	1997
BEAER	Personalism and moral leadership	Whetstone, J.	Theoretical	2002
BEQ	Decent Termination	Kim, T.	Theoretical	2014
BEQ	Employment at will, employee rights, and future directions....	Radin, T. & Werhane, P.	Theoretical	2003
BEQ	Responsibility in organizational context	Margolis, J.	Theoretical	2001
BEQ	The cringing of the craven	Barry, B.	Theoretical	2007

BEQ	The Poor as Suppliers of Intellectual Property	Shivarajan, S. & Srinivasan, A.	Theoretical	2013
BEQ	Toward an Ethic of Organization	Phillips, R. & Margolis, J.	Theoretical	1999
BEQ	Transnational corporations and the duty to respect basic human rights	Arnold, D.	Theoretical	2010
Book	A theory of justice	Rawls, J.	Theoretical	1999
Book	Development as freedom	Sen, A.	Theoretical	1999
Book	Dignity	Rosen, M.	Theoretical	2012
Book	Dignity at work	Hodson, R.	Empirical	2001
Book	Dimensions of dignity at work	Bolton, S.C.	Theoretical	2007
Book	Ethics of global development	Crocker, D.	Theoretical	2008
Book	Human rights as politics and idolatry	Ignatieff, M. & Gutmann, A.	Theoretical	2001
Book	Humanistic management in practice	Kimakowitz, E. von	Empirical	2011
Book	Persons: the difference between “someone” and “something”	Spaemann, R.	Theoretical	2006
Book	The selfhood of the person	Crosby, J.	Theoretical	1996
Book	The struggle for recognition	Honneth, A.	Theoretical	1996
Book	Women and human development	Nussbaum, M.	Theoretical	2000
FP	Selling to the poor	Hammond, A. & Prahalad, C. K.	Translational	2004
HBR	The path of Kyosei	Kaku, R.	Translational	1997

HRMR	Why we do the things we do	Gilland, S. & Schepers, D.	Empirical	2003
Ivey BJ	Responsible restructuring	Cascio, W.	Empirical	2003
JAP	On the dimensionality of organizational justice	Colquitt, J.	Empirical	2001
JBE	Human capital management	Van Marrewijk, M., & Timmers, J.	Theoretical	2003
JBE	The challenge of humanistic management	Melé, D.	Theoretical	2003
JMM	The Judeo-Christian Foundation of Human Dignity...	Novack, M.	Theoretical	1998
JOM	Organizational justice	Greenberg, J.	Review	1990
JRBE	Pope Benedict XVI's "Caritas in Veritate"	Stormes, S. J., J.	Empirical	2010
ODS	Beyond the social contract	Nussbaum, M.	Theoretical	2004
ORG	Dignity at work	Sayer, A.	Theoretical	2007
Proceed	Work and recognition	Honneth, A.	Theoretical	2009
SMJ	Differentiated fit and shared values	Nohria, N. & Goshal, S.	Empirical	1994

These papers did not originally appear in the search due to the fact that electronic database searches are imperfect or that they were published in journals and books other than the 18 originally chosen. Ultimately, more than 76 scholarly works

within my search parameters were drawn on in writing this review². Of the 76 papers identified, a total of 26% (n=20) were based on empirical studies while the other 74% were theoretical, conceptual, or translational in nature (See Table 2T-4).

Table 2T-4. Article Type

Year	# of Publications	% of Publications
Empirical	20	26.32%
Code of Ethic	1	1.32%
Review	1	1.32%
Theoretical	44	57.89%
Translational	10	13.16%
	76	100.00%

Table 2T-5 illustrates how the number of publications has changed over the search period.

Table 2T-5. Prevalence over time

Year	# of Publications	% of Publications
2010 - 2014	21	27.63%
2005 - 2009	19	25.00%
2000 - 2004	18	23.68%
1995 - 1999	12	15.79%
1990 - 1994	5	6.58%
1985 - 1989	1	1.32%

² This number does not include additional text that were drawn on and that fell outside of my search parameters, were references of references, further supplemented my understanding, or are not considered scholarly work, such as the Papal Encyclicals.

	76	100.00%
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The rise in publications over the last two decades suggests dignity is a matter of growing import for the field. This library of papers was then analyzed systematically. A memo was written for each paper and the text pertaining to dignity was extracted and coded into a matrix under relevant category headings (e.g. definition, processes, outcomes). In this way, the literature was reviewed.

2.4 Conceptualizing dignity in organizations

This section synthesizes the papers reviewed (See Tables 2T-2 and 2T-3), and is supported by additional text that supplement understanding, in order to develop a conceptualization that informs future research and practice. In the following section, the processes for affirming dignity at three levels of analysis: individual, relational, and collective are first discussed. Next, variations in cultural perceptions of dignity in organizational life, including Eastern and Western culture are discussed. This is followed with looking at leading doctrines that apply dignity, its perception, and its treatment to an organizational context, including: Catholic Social Teaching, personalism, humanistic management, business ethics, and development ethics. This section is closed with benefits achieved and challenges faced by affirming dignity in organizational life.

2.4.1 Processes for affirming dignity in organizational life

A very important question concerns what processes make people feel their dignity is affirmed. Dignity is entitled a certain form of treatment that is founded on

recognition (that we are human beings worthy of respect) (Honneth, 1997) and respect (that we are treated in accord with the source of essential worth) (Margolis, 2001; Rogers & Ashforth, 2014). Both recognition and respect situate dignity inter-subjectively through participation in social life, including working life (Honneth, 1996; Islam, 2012). The processes for affirming dignity are organized within three categories, according to those spoken of in the literature: individual, relational, and, collective. Each will be discussed respectively.

Individual

The reviewed papers show that one way to affirm dignity in organizational life is through self-led and purposive acts that individuals direct towards their own dignity. Dignity requires that a person respects him or herself (i.e. conducts him or herself in accord with his or her essential worth) (Margolis, 2001), or what Rawls (1999) termed self-respect. Because of rationality and free will, individuals have the ability to deliberate the path towards their own worth and the choice to follow that path or not. It has been said that the choice of following a virtuous path “strengthens the capacity to know the world in its deepest sense (wisdom), including what is truly human good in every specific action (practical wisdom)” (Melé, 2014: 461). In other words, Melé is suggesting that virtues strengthen the path towards affirmation of our own dignity. This in turn is strengthened by new experiences and knowledge, and the cycle becomes practical wisdom. It has also been argued that through the practice of virtues a moral character develops over time (Naughton & Laczniak, 1993). Specific virtues that have been shown to affirm dignity are: courage (Acevedo, 2012), integrity, respect, pride, recognition, worth, and standing or status (Sayer, 2007); and specific principles that underlie these virtues are: munificence, solidarity, prudence, fortitude, temperance, justice, industriousness, diligence, and charity (Naughton & Laczniak, 1993).

In organizations, individual affirmation of dignity becomes evident through a number of ways and begins with reflecting on one's desired path, exercising one's autonomy, and taking opportunities to learn and grow. Job crafting, the process by which employees redesign and reimagine their jobs in meaningful ways (Wrzesniewski & Dutton, 2001), is one such example evident through the self-led act of altering job tasks, relationships, and perspective that result in a shift in the experience of meaningfulness at work (Berg, Dutton, & Wrzesniewski, 2013). Job crafting recognizes and respects one's inherent worth through exercising autonomy, seizing the opportunity for satisfaction, and growing into more meaningful work.

Relational

In addition to self-led and purposive acts, treatment by others plays a paramount role in affirmation of and perception of one's dignity. In this paper, relational processes are divided into two main categories: fair and respectful treatment; and, opportunities. The most commonly cited approach to dignified treatment is the Kantian categorical imperative (1785), familiarized as the golden rule (Melé, 2003b), in which, "[h]uman beings have dignity and as a consequence should never be considered as mere means to further the interests of others" (Melé, 2005: 299). The categorical imperative was reformulated by Wojtyla (1981) as the personalistic norm, and is what Melé calls the personalist principle (2009). This approach begins with the recognition that all other human beings inherently possess the same value as the self. And so, in dealing with others, they should be treated according to this value, just as one would like to be treated. The personalistic norm further states that when another is the object of one's activity, the other needs to be treated not as an object towards one's personal end, but as an individual with his or her own distinct personal ends. This plays out in fair and respectful treatment where individuals are equally treated with respect,

recognized as an end in oneself, and not exploited or seen as a means to an end (Melé, 2005; Sayer, 2007). The suggested ways to do so are through the consideration of each person: their personal conditions, activities, real needs, and standing (Melé, 2012); and, by the acts of respect, affirmation, and love (Whetstone, 2002).

In organizations, fair and respectful treatment becomes evident through a number of ways and begins with the premise that respect for workers' dignity is fundamentally a moral issue. Vredenburg and Bender (1998) have strongly argued for this premise in stating that diminishing a subordinate's perceived dignity is not just a mistaken use but an abuse of power. As such, human devaluation is considered unethical (Vredenburg & Brender, 1998) and consideration for each person ethical (Melé, 2012). Scholars have spoken of this moral duty by way of safeguarding applicants' rights in hiring decisions and in assessing applicants courteously (Alder & Gilbert, 2006), respecting personal diversity and spirituality in the workplace (Melé, 2003b, 2012; Sayer, 2007), refraining from undervaluing people's activities or turning them into anonymous elements of a system (Melé, 2005), even adopting an attitude of love (Wojtyla, 1981), benevolence, and care (Melé, 2009).

Downsizing is an example of a time when one's perception of worth can plummet. During this time, it has been argued that justified dismissals (Radin & Werhane, 2003), severance pay (Axelrod, Handfield-Jones, & Michaels, 2002; Kim, 2014; Stybel & Peabody, 2001), compassion (Chadwick, Hunter, & Walston, 2004; Sutton, 2009), and ethical treatment (Wood & Karau, 2009) affirm dignity and people's emotional attachments, irrespective of laid off individual's contribution as an employee (Gilland & Schepers, 2003). As Schweiger and Ivancevich (1987) showed, it is not terminations themselves, but the way they are handled that create bitterness. In testing specific termination handling, Wood and Karau (2009)

showed that a third party presence was viewed as demonstrating a lack of respect, whereas mentioning positive characteristics was generally viewed favorably but was eroded by a security guard escort and reversed when that escort was public in nature. Ethical treatment at the time of a termination not only respects one's dignity but has also been shown to lead to organizational commitment (Chadwick et al., 2004; Greenberg, 1990; Stybel & Peabody, 2001).

Along with Axelrod et al (2002) who use the metaphor of velvet gloves, Freeman (2009) also talks about using soft hands in difficult times such as closing an operation or reducing a workforce. To treat someone in a dignified way is to acknowledge their vulnerability and dependence on others without taking advantage of it (Sayer, 2007). The metaphor translates to treating people with respect and fairness by: communicating often, being visible and available, delivering the truth in a positive but grounded way, honoring commitments, and aiding people to achieve their next step (Freeman, 2009). Basically, using velvet gloves or soft hands may be summed up as treating others just as you yourself would want to be treated, a clear example of the categorical imperative.

Opportunities are the second category of relational processes. Drawing on Sunstein (1995), Barry (2007) discusses autonomy theories that focus on expression, such as free speech, as a means to affirm dignity by enabling others the opportunity to engage in self-mastery and to author the narratives of their own lives. Organizations can adopt affirmation of dignity as an aim by granting opportunities for autonomy and respecting each individual's contribution (Phillips & Margolis, 1999). This contribution may come in the form of dissent, which Shahinpoor and Matt (2007) argue is a humanized form of free speech as it is thoughtful and conscientious reflection and protest. Dissent may also illuminate a hidden solution or idea, thereby both affirming dignity and transforming organizations (Sayer, 2007). Pollard (1950: 89) cites the processes of the Quakers

to highlight the positive organizational outcome achieved when individuals are able to speak freely, even if that freedom of speech is different from or contrary to the mainstream or a supervisor. He says, "In stressing the value of united decisions, Friends are not ... anxious to ignore or gloss over the differences between individuals or groups, but rather to encourage them to clarify and communicate their different ideas and policies, with a view not merely to mutual toleration but to the mutual comprehension (so far as it is possible) of their several viewpoints in a united decision that does justice to them all." Freedom of speech and expression is an opportunity afforded to individuals that supports their autonomy, and in turn affirms their dignity. Scholars have suggested other opportunities that encourage the affirmation of one's dignity in organizational life, including: providing resources to help people succeed (London, 2009), to learn and grow (Phillips & Margolis, 1999), and to experience feelings (Melé, 2014; Sandelands, 1998); and, processes that are socially inclusive and gender equitable (Pless & Appel, 2012).

Collective

Beyond the micro-level interactions and practices of what an individual accomplishes to affirm their own dignity (individual) and how others influence one's sense of dignity (relational), the collective structure of a relationship also influences perceived dignity. This quality highlights the collective-level of social institutions as key sites for creating conditions that diminish (or protect) dignity (Lucas et al., 2013). Dignity both exemplifies and is supported by our deeply social being. Human beings are all physically, psychologically, economically and culturally dependent on others throughout our lives (Sayer, 2007). High quality relationships have been shown to lead to bonds of unity (Melé, 2014), good citizenship (Donaldson, 1996), and life giving relationships (Dutton & Heaphy, 2003), and occurs at the collective level through the interchange of thoughts and feelings in

culture. Love, play, and individuation have been shown to enhance a thriving social life (Sandelands, 2003). From a cultural point of view, Lucas (2013) discusses the heightened vulnerability inherent in relationships in Eastern culture, where the experience of dignity is contingent upon relationships formed. These relationships determine the respect that is earned that in turn brings honor to a family and a community. Donaldson (1996) has argued the quality of a relationship becomes evident through a corporate culture in which individual's intrinsic value is acknowledged and safe products and services are produced. Additionally he argues basic rights are supported when organizations engage in stakeholder relationships that do not violate health, education, safety, and an adequate standard of living. And thirdly, organizations are good citizens when they support essential social institutions such as education and the environment.

2.4.2 Cultural specification

While there is agreement that our being is deeply shaped by things outside of our control, including gender, ethnicity and 'race' (Lucas et al., 2013; Sayer, 2007), there is debate in the field as to whether dignity itself is culturally specific or a cross-cultural norm. Both Nussbaum (2000) and Pope Benedict XVI (Melé, 2009) argue that dignity is cross-cultural, based on the premise that dignity is founded on our shared human nature, which transcends our different cultures. When looking at the organizational context, Hodson (2001) argues that dignity is common across gender and race. Yet, Hodson's research on workplace dignity was confined to Western Europe and North America and most of the empirical research on dignity in the workplace has been constrained to a western context (Sayer, 2007) where autonomy and free will are celebrated. Lucas et al (2013) examine dignity in a Chinese context, and in so doing, take note of the cultural

considerations in theories of dignity and applied cultural meanings of work to interpret their findings. They found that in Eastern culture, labor has historically been understood as egalitarian and equally noble as everyone was called upon to sacrifice for the greater good. Yet, with the influence of rapid industrialization and Western influence, the younger generation is seeking work that brings honor to both themselves and their community, which signals differentially noble work. There are thus positions of low human value that aggravate the difference between the ideal and real self at work and ultimately threaten feelings of self-value, worth, and face, all of which are intimately tied to dignity (Lucas et al., 2013). As the cross-cultural research is nascent, this is a clear implication for future research, which I later propose.

2.4.3 Leading doctrines

Doctrines that have applied dignity, its perception, and its treatment to an organizational context in the study of dignity at work will be looked at next. While discussions on dignity at work frequently appear in faith based ethical discourse, and dignity is not the rhetorical property of any one religion, it is most prominent in Catholic thought (Rosen, 2012: 3). The Christian roots of affirming dignity at work can be traced back to writings in the Bible where it is written that: “The Sabbath is for everyone—all are allowed to rest from their work” (Deuteronomy 5:13-15); “All workers should be paid a just and living wage” (Matthew 20:1-16); “Woe to him who treats his workers unjustly” (Jeremiah 22:13); and, “Practice integrity in your work” (Luke 3:10-14). The key management themes in these and other relevant passages are: the right to decent and productive work; fair wages; just working conditions; rest from work; and, the attainment of wealth without abuse.

Building on the Christian biblical texts, the Catholic Church has been an institutional leader in affirming dignity at work. This is most predominantly through modern Catholic Social Teaching, the objective of which is wisdom about building a just society and living lives of holiness amidst the challenges of modern society (U.S. Catholic Bishops, 1996, 1998). The Catholic Social Teachings have been developed through the articulation of papal, conciliar, and episcopal documents, of which the *Gaudium et Spes* (Pope Paul VI, 1965), *Octogesima Adveniens* (Pope Paul VI, 1971), *Laborem Exercens* (Pope John Paul II, 1981), *Centesimus Annus* (Pope John Paul II, 1991), *A Catholic Framework for Economic Life* (U.S. Catholic Bishops, 1996), and, *Caritas in Veritate* (Pope Benedict XVI, 2005) are the most relevant to the topic of dignity of work and the rights of workers. The collection of these documents has been reviewed by a handful of management scholars who articulate the documents' principles and virtues in the area of work. These archival reviews conclude that: the *Caritas in Veritate* (Pope Benedict XVI, 2005) provides a set of principles for solving important contemporary problems in marketing which have prominent social implications (Klein & Lacznia, 2013); work is relational and is a matter of virtues (that help people develop their potentialities and shape society towards a better world) and principles (that define "good work") (Naughton & Lacznia, 1993); and, respect is the essence of the church's requirement for responsible human resource management (Zigarelli, 1993). As outlined in the Catholic Social Teaching, not only is every human being equal (and therefore must treat other co-workers and be treated by managers with requisite dignity) (Zigarelli, 1993), but also "the economy must serve people, not the other way around" and "[hu]man is the source, the focus and the aim of all economic and social life" (Sabbaghi et al., 2013: 134; U.S. Catholic Bishops, 1998).

Subsidiarity and solidarity are two socio-ethical principles based on dignity, core to Catholic Social Teaching, and contributors to social justice (Sabbaghi et al., 2013)

and responsibility (Sirgy, 1999). Subsidiarity refers to the act of giving support where needed while respecting those who receive that support (Melé, 2005). Pope John Paul II (1991) characterized the principle in this way: “A community of a higher order should not interfere in the internal life of a community of a lower order, depriving the latter of its functions, but rather should support it in the case of need and help to coordinate its activity with the activities of the rest of society, always with a view to the common good.” Subsidiarity assumes the secular ontology of human dignity (rational beings with freedom and autonomy), respects the inherent worth of each human being, recognizes the uniqueness and diversity of each individual and group, and supports their flourishing (Melé, 2005). In practice, the principle of subsidiarity plays out when affected groups are included in the planning and implementation of development efforts (Klein & Lacznia, 2013) by giving and recognizing real power and responsibility to these groups (Melé, 2005). In a single case study, Melé (2005) illustrated the transformation of an organization from a bureaucratic model with highly specialized jobs to the promotion of individual autonomy and self-led management. In the changed organization, an entrepreneurial spirit thrived, talents were developed, and the company’s goals achieved. The new organization reflected the basic requirements of the principle of subsidiarity.

While the principle of subsidiarity supports rationality and free will, solidarity supports fair and respectful treatment by extending development efforts to all, including marginalized populations and not just those linked to a system (Klein & Lacznia, 2013). Solidarity places a premium on citizenship, where each citizen has equal rights and is afforded equal treatment (Radin & Werhane, 2003), and on interdependence, in that all social and economic activities have an interdependent nature which makes up a common good (Pope John Paul II, 1987). As Naughton & Lacznia (1993) discussed, people do not work only for themselves, They also work for their family, community, and nation. Solidarity is participation in genuine

community with others without alienation, discrimination, or deprivation (Whetstone, 2002) and that has a formative influence on an individual's personal development (Naughton & Lacznia, 1993).

The ideologies of personalism and humanism share the Catholic Social Teaching point of view that the purpose of business is people, not profit. Personalism (Maritain, 1947) begins with a central focus on what is equal among human beings (human dignity and, hence, basic human rights) and what is unique among them (individuality and subjectivity) (Acevedo, 2012; Whetstone, 2002). With conscientiousness, intentionality, relationality, and community building (Melé, 2009), human beings interrelate responsibly, which is the constraint upon personal liberty that maintains genuine community and the common good (Naughton & Lacznia, 1993; Whetstone, 2002). Without this constraint, autonomous and subjective exercise would prevail.

Humanistic management limits the moral responsibility of personalism to an economic context (Acevedo, 2012; Melé, 2003b, 2009; Spitzack, 2011) and suggests that management should enrich human nature through the development of human virtue, in all its forms (Melé, 2003a). Humanistic management began in the middle of last century and was at first centered on human motivations. It evolved to an organizational culture approach, and the current and emerging approach considers a business enterprise as a real community of persons (Melé, 2003a). Within this framework, "the necessary resources (technological, informational, material, and financial, including profits) are administered, and organizational activities led and coordinated, in ways affirmative of human dignity" (Acevedo, 2012: 213). In the development of his integrative model, Spitzack (2011: 51) argues that, "humanistic management gives responsible management a clear direction: to foster unconditional human dignity", which requires "continuous ethical reflection" and "virtuous decision making" to assure

responsible conduct. Humanistic management is a person-centered framework for business conduct (Klein & Lacznia, 2013; Spitzeck, 2011), focused on protecting dignity and affirming well-being (Humanistic Management Network, 2014).

Through the study of business ethics, multiple normative theories have evolved including an ethics of responsibility, ethics of care, virtue ethics, utilitarianism, and contractarianism (*see Melé, 2014 for a brief review of each*), each of which can be applied to human quality and resultant perceived dignity. Business ethics examine the central institutions of business: market and organizations (Phillips & Margolis, 1999). In an effort to universally guide business ethics and balance the relativist-absolutist extremes, Donaldson (1996) suggests three principles: 1) respect for core human values; 2) respect for local traditions; and, 3) the belief that context matters. Broadening Donaldson's guiding principles of respect and recognition, Phillips and Margolis (1999: 632) state, "dignity demonstrates a way of thinking about organizational ethics in terms of aims." In the findings of their archival study informed by the Catholic Social Teaching, Naughton and Lacznia (1993) contribute five operational principles that can be applied to questions of workplace ethics when the goal is the dignity of the human person. These operational principles include: 1) whenever possible, mechanisms should exist which allow workers to attain partial ownership of their organizational enterprise; 2) management and employees should strive to create systems that maximize employee participation; 3) management has the obligation to provide training and educational opportunities for everyone; 4) management and employees have the moral obligation to consider the impact their product or service has on the commonwealth; and, 5) investors must use social as well as financial criteria in determining investment decisions.

Dignity as an aim heavily applies to development ethics, a form of business ethics. Founded by Denis Goulet, development ethics defines progress by the extent to

which weaker populations experience authentic development. Development ethics is considered adequately indicated by, yet still beyond, monetary wealth maximization, and supports only means that are not undignified towards this end. The inviolability of dignity is firmly articulated in the normative claims of development ethics (Poruthiyil, 2013). The field seeks well-being as the optimal outcome for the populations served and has faced recent advancement in defining this outcome. Well-being has a diversity of conceptions and has been assessed at multiple levels of analysis. In its unfolding, development ethics utilizes all four of the processes previously discussed in affirming dignity by: involving (poor) individuals who share their intellectual property towards virtuous ends (self-led and purposive acts) (Shivarajan & Srinivasan, 2013); providing education and good environmental conditions while developing capabilities of individuals (opportunities) (Bertland, 2009; Hammond & Prahalad, 2004; Nussbaum, 2004; Sen, 1999a); engaging in the process of deliberation to provide space for weaker voices (fair and respectful treatment) (Crocker, 2008); and, being obliged to find ways to live and cooperate together so that all flourish (collective quality) (Nussbaum, 2004). Development ethics has been shown to be particularly influential in bottom of the pyramid (Prahalad & Hart, 2002) conversations and is further informed by the Development Ethics Association (IDEA) and its partner *Journal of Global Ethics*.

2.4.4 Emergent outcomes from affirming dignity

Researchers have looked into what follows when dignity is recognized and respected. These outcomes have not been causally linked empirically, but they are theorized to have emerged from respect and recognition for one's essential worth.

Two of the most widely researched emergent outcomes are: justice and flourishing. I will briefly discuss each below.

Justice

In a meta-analytic review of organizational justice conducted by Colquitt et al. (2001), justice was defined as a social construction of what is fair. Naughton and Lacznia (1993) similarly defined justice as the virtue that defines what is due to another. In organizations, justice predominantly focuses on fairness of outcome distributions or allocations, and on fairness of procedures used to determine outcome distributions or allocations, which are respectively known as distributive and procedural justice (Colquitt et al., 2001). Similar to procedural justice, a third justice stream involves the extent to which employees are treated with respect and dignity, known as interpersonal / interactional justice (Bies & Moag, 1986).

Fair (just) and respectful treatment as a relational process that affirms dignity was previously discussed. This is based on the categorical imperative that says treating individuals as their own distinct personal ends honors their essential worth. From the justice literature, a reciprocal relationship was found in that perceiving one's dignity has been honored leads to perceptions of justice (fairness) (Alder & Gilbert, 2006; Johnson, Selenta, & Lord, 2006). In one of the few empirical studies that involves dignity, dignity is seen as a factor of interpersonal / interactional justice and procedural justice in that it is an item on these validated scales (Bies & Moag, 1986; Colquitt, 2001).

Lind et al.'s (1990) study of voice, control, and procedural justice reveal how dignity is believed to contribute to justice. These authors find that perceptions of justice in goal setting were higher when employees were able to express why they thought their goals should be lower. This was true even when the goal was set prior to employees getting the chance to voice their desire and reasoning for a

lower goal, though procedural justice perceptions were higher still when the reasoning preceded the setting of the goal. Lind et al. explain this as a distinction between instrumental and symbolic effects of voice on justice perceptions. Affirmation of dignity is linked to the symbolic effects of voice in that perceptions of fairness and respect to one's self symbolically signal procedural justice. Symbolic effects were evident in the post-decision voice condition and found to be at least as strong as the instrumental effects. They attribute their findings regarding symbolic effects to the opportunity to voice one's opinion implies belonging and value to the group, which in turn leads to feelings of security and control. In this way, this study is an example of how dignified treatment is believed to positively influence perceptions of justice. The scholarship on perceived injustice has also shown the many negative outcomes for organizations including theft (Greenberg, 1990) and lawsuits (Lind, Greenberg, Scott, & Welchans, 2000). Teasing apart the seemingly recursive loop between dignity and justice is another area for future research.

Flourishing

Human flourishing has been defined as sustained, long-term growth that leads to prospering, thriving, and living life to the fullest (Cameron, Dutton, & Quinn, 2003; Ehrenfeld & Hoffman, 2013). This psychological state (Fredrickson, 2006; Seligman & Csikszentmihalyi, 2000) has been shown to emerge through positive cognitive, emotional, and relational mechanisms (Dutton & Sonenshein, 2009, 2009), including affirmed dignity (Fleming, 2005; Sayer, 2007; Shivarajan & Srinivasan, 2013).

Flourishing, originally known as eudaimonia, was introduced by Aristotle in his work, *Ethics*. Eudaimonia is optimal well-being, which is long-lasting authentic happiness. Aristotle's intention behind the concept has been heavily debated in the past decade by philosophers and psychologists alike. Some argue it is an

objective state that one seeks to attain (Kashdan, Biswas-Diener, & King, 2008) while others argue it is one's own activity of living virtuously (Keyes & Annas, 2009). While these scholars debate Aristotle's intentions, they tend to agree that a more contemporary definition of the word has emerged, which is defined as the quality of one's life as a whole (Keyes & Annas, 2009). Eudaimonia contrasts with hedonia in the distinction between optimal *functioning* versus one's *feeling* about optimal functioning, respectively. Evidently, the fine line between being and feeling is not so clear. When one feels positive emotions, it is typically a reflection of a life functioning well, and vice versa.

Seligman et al.'s (2004) study of exercises targeting positive emotions and happiness shows how dignity is believed to contribute to flourishing. These authors find that people are happier and less depressed three months after completing exercises that target the positive emotions of pleasure, gratification, and meaning. Seligman et al. explain this as the exercises nurture these three known routes. In this way, this study is an example of how paths that support the growth and affirmation of our inherent humanness (dignity) towards its optimal condition, are paths thus toward flourishing. The scholarship on flourishing has shown many positive outcomes for organizations including employee productivity (Staw & Barsade, 1993); higher production, increased energy, and higher job satisfaction (Porath, Spreitzer, Gibson, & Garnett, 2012; Sayer, 2007; Spreitzer & Porath, 2012).

2.4.5 Challenges that organizations face in affirming dignity

The challenges faced when affirming dignity in organizational life will be looked at next. A major challenge to affirming dignity in organizational life is that management theories and practice have predominantly focused on the purpose of

business as profit. Perhaps the most influential management theory of the past century, scientific management, led by Frederick Taylor and expanded by the likes of Frank and Lillian Gilbreth, Henry Gantt, Hugo Munsterberg, and Henry Ford, sought to optimize the production process and the utilization of labor (Guillen, 2006). Other theories, such as shareholder theory (Friedman, 1970), have reinforced the idea that the purpose of business is profit. At their root, they assume that employees are: human capital, labor inputs, and inventory (Islam, 2012; Shahinpoor & Matt, 2007); assets and human resources (Acevedo, 2012); and even, costs and expenses (Cascio, 2003). These disembodied assumptions, strongly supported by language, frame individuals as means to organizational ends with mere instrumental value (Islam, 2012). They reward unquestioned obedience to authority and secure it with the threat of replacement (Shahinpoor & Matt, 2007). Transactional leadership (Brown, Treviño, & Harrison, 2005) and human resource management (Sayer, 2007; van Marrewijk & Timmers, 2003) are examples of mechanisms that support this outcome, and the result can be as extreme as inhuman: treatment, conditions, and practices (Hodson, 2001; Melé, 2014). The management training received in MBA programs has reinforced this norm. Management involves the use of scientific theories to reach business ends (Sandelands, 2015). MBA programs have been applauded for their training in business ends such as profitability, efficiencies, and effectiveness but lacking in developing moral and humanistic evaluation skills (Ghoshal, 2003, 2005; Gioia, 2002, 2003; Spitzeck, 2011), although there have been recent examples of how to address some key issues raised in these critiques (Sabbaghi et al., 2013; Waddock & Lozano, 2013).

While recognizing that the practice of management just outlaid is a dehumanized one, there remain a few inescapable truths. Employees are hired to complete instrumental tasks aimed towards their employers' ends (Islam, 2012; Lucas et al., 2013; Sayer, 2007). Additionally, employees are substitutable. The challenge thus

becomes, how to treat others in these contexts in ways that value employees as persons in their own right, and hence as having dignity (Sayer, 2007: 569). There is neither a road map nor a cost basis structure for affirming dignity; instead, there are often dilemmas that require value choices. "Value choices define the area of freedom for managerial action and subsequent organization performance" (Anderson, 1997: 27). In making value choices, ethical principles serve as a guide (Nohria & Ghoshal, 1994) towards the promotion of human dignity. Phillips and Margolis (1999) state that with dignity leading the way to address problems, the specific claims upon organizations are justified, even in the face of economic objections. Detached from this datum, business ethics loses its distinctive nature and may fall prey to exploitation and the dysfunction of other systems such as economics and finance (Pope Benedict XVI, 2005). The way Stormes (2010) argues this point is that business ethics should not be separated from other areas of life. Examples of this include worldwide business codes such as the Caux Round Table principles for business and Kyosei (Kaku, 1997; Melé, 2003b, 2009). Even so, ethical principles can be ambiguous and relativistic (Acevedo, 2012).

In an effort to develop a principle-based global engagement platform for academic institutions, the United Nations launched the Principles for Responsible Management (U.N. PRME Secretariat, 2007), the aim of which is to lay the foundation for responsible management education. In addition to this effort to train future leaders, other ideologies are believed to guide practice with new economic paradigms (Melé, 2009), such as: Catholic Social Teaching, Maritainian personalism, and humanistic management. It should be reinforced that they serve as guides and not blueprints, with principles and virtues providing directions for different dimensions of organizations (Naughton & Laczniak, 1993). To demonstrate that a humanistic approach to management is a feasible ideal, Kimakowitz (2011) lists a handful of exemplar organizations that others may model, such as Grameen, Danone, Mondragon, Novo Nordisk, and Sekem.

2.5 Discussion

In conducting this review, it was found that scholars explore the spectrum of dignity, from the reduction of indignity (doing less harm) to the promotion of dignity aimed at flourishing (doing more good). The literature predominantly offers insight into how to rise above indignities (Hodson, 2001; Kane & Montgomery, 1998; Porath & Pearson, 2013) while theories on how to affirm dignity, empirical studies to test these theories, and to what end, are not as well represented. In this section the difference between progressive points on an affirmation of dignity continuum are evaluated.

2.5.1 Reduction of Indignity

The reduction of indignity is the most commonly discussed and researched end of the spectrum (Ünal et al., 2012). This may be because it functions as the lowest hanging fruit in the attainment of dignity and because it is so clearly known when one experiences an affront to one's dignity. Indignity involves inhuman actions and is believed to have negative consequences for the individual and his or her work-related attitudes and behavior (Kane & Montgomery, 1998). Kim (2014) refers to a duty of decency as the obligation to uphold a negative duty not to insult, offend, humiliate, or uncivilly or disrespectfully treat others. A few organizational examples of a duty of decency provided by Donaldson (1996) include: refraining from: accepting inadequate standards for handling hazardous materials, and employing children if the employment keeps them from receiving a basic education. Donaldson's examples are concrete actions with observable repercussions. Shahinpoor and Matt (2007) discuss a more invisible action, that of indifference, which strips human beings of their distinction by not acknowledging

their rationality and autonomy. A duty of decency refrains from violating core values that organizations and individuals use as their moral compass.

Strides have been made in organizational practices and norms by evaluating the effects of inhuman practices. For example, Melé (2014) cites the works of Brion Davis (2006) and Roy-Choudhury (2010) that focus on the reduction of bondage in labor relations based on slavery. Additionally, the pursuit of dignity, by reducing indignity, has contributed to legal protections for workers from the worst abuses of electronic surveillance (Ottensmeyer & Heroux, 1991; U.S. Congress, 1987) and campaigns against bullying in the workplace (U.K., 2001; Vega & Comer, 2005). Serving as an exemplar case study of what not to do, Lucas (2013) argued that Foxconn's institutional structure imposed unique indignities on its workers that both raised questions of their self-respect and self-worth. Hodson's (2001) seminal work identified four key ways to reduce indignity: 1) deflecting abuse and mismanagement; 2) avoiding overwork; 3) defending autonomy; and, 4) negotiating employee involvement. In sum, reducing indignity focuses on abolishing the ways human beings are kept from realizing basic human rights, and is marked by justice.

2.5.2 Promotion of dignity

Progressing from justice, affirming dignity involves opportunities for growth and advancement towards our humanness. It is a shift from doing less harm to doing more good, which is the primary aim of positive organizational scholarship (Cameron et al., 2003). Melé (2014: 457) recommends human quality treatment as a form of treatment to deal with persons in ways affirmative of the human condition. This includes, "acting with respect for their human dignity and rights, caring for their problems and legitimate interests, and fostering their personal

development.” The challenge, as Spitzbeck (2011) has said, lies in enabling leaders to talk about moral decision making and human quality treatment just as they do about profit. As a substantive aim, beholding the human being guides action towards the promotion of dignity. Sandelands (2014: 19) discusses the different actions of seeing versus beholding. He says, in seeing, the seer objectifies the other. The ‘seen’ is something other and separate from the one who sees. In beholding, the beholder takes the other in, comes to know them in a very real sense.

In sum, reducing indignity focuses on abolishing the ways human beings are kept from realizing basic human rights through achieving justice. Honoring one’s dignity is respecting and recognizing the unique worth of each individual and of human beings from other species through self-led and purposive acts, fair and respectful treatment, opportunities, and relational quality. Whereas, beholding the whole human being (mind, body, and spirit) is a holistic process aimed towards flourishing.

2.6 Conclusion

2.6.1 Managerial implications

This review provides several ways for managers to understand what dignity is and how to affirm it in organizational life. While dignity appears in many Codes of Ethics and Codes of Conduct, what it means and how to achieve it tends to fall contrary to basic assumptions of the purpose of business. Based on a thorough review of the literature, the concept as it relates to organizational life has been

clarified and pathways for managers to follow have been provided. Three implications for managers are suggested. First, managers can look to the leading doctrines for guidance on how to implement dignity as a core value of organizational life. Second, managers can draw on my conceptualization, particularly the processes, to incorporate dignity into daily life through self-led and purposive acts, fair and respectful treatment, opportunities, and the collective relationship quality. Third, managers interested in affirming dignity must prioritize the people who make up the organization, not simply the bottom line.

2.6.2 Research implications and future research

This paper has attempted to conceptualize dignity in a robust manner by weaving together a solid foundation of dignity as it relates to organizational life, outlining processes towards its attainment, incorporating challenges for organizations, and highlighting the spectrum of the outcome. Three priorities for empirical study are to be stressed. First, the review and conceptual map has been limited to literature that directly speaks to the topic of dignity in organizations with support from key papers outside of these parameters. While maintaining the boundaries of organizational literature, scholars should further review each component of this conceptualization. For example, literature on virtues would better explain how individuals and organizations learn about, practice, and adopt a virtuous life, how this ties to practical wisdom, and how a moral character develops over time. By reviewing this angle longitudinally, the field will better understand a life path towards the fulfillment of one's dignity and how an organization can foster this. Likewise, the cognition literature would address how individuals deliberate value choices while the agency literature would better inform what underlies autonomy. Second, the debate over whether dignity is cross-cultural or culturally specific was

discussed. Lucas et al (2013) listed recent papers that tease out the differences between Western and Eastern conceptions of dignity, but only identified three (Brennan & Lo, 2007; Kim & Cohen, 2010; Lee, 2008). Additional research should explain perceptions of autonomy and worth across culture, which could provide insight into the level at which perceptions of dignity is dependent on others in different cultural contexts (Brennan & Lo, 2007) Finally, from a scholarly perspective, the promotion of human dignity is a normative approach that provides conceptual and theoretical grounds for exploring different processes towards its affirmation and emergent consequences. While it seems contradictory to make a business case for that which is above all value, this is nonetheless what is requested for adoption into organizations where the focus continues to be on profit. As disciplines such as social sustainability, social entrepreneurship, corporate social responsibility, and humanistic management continue to grow, activities that fall outside of the domain of traditional capitalism should be better understood with a broader idea of impact that presents a new way of thinking about business and its purpose.

2.6.3 Limitations

Despite its insights, this review has a few recognizable limitations. First, the study of dignity is universal in that it is multi-disciplinary and involves (among others) political science, bioethics, the fine arts, and organizational discourse. This review has been limited to the organizational scholarship to frame the context. By doing so, important insights from other disciplines may have been missed. Additionally, the aim has been a robust integration and conceptualization of dignity as it pertains to organizational life. As such, a vast amount of information has been integrated at the expense of a deep dive into each component. Third, while I

highlighted evidence from the field, the field still needs more grounded examples of case studies and exemplar organizations for others to follow and for scholarship to build upon.

2.6.4 Conclusion

This study has clarified the concept of dignity and integrated the scholarship on the topic as it relates to organizational life. Based on an in-depth, systematic, critical literature review of the topic, a diffuse and segmented approach is found. The main contribution has been to integrate this research in a robust conceptualization. This conceptualization serves as a starting point for further empirical research and as a guide for managers. Dignity within the confines of organizational life was first defined as: an organizational actor's essential worth by virtue of being human, regardless of role, responsibility, professional background, or hierarchical level. Dignified treatment is a right afforded to each organizational actor that respects and recognizes his or her inherent worth (i.e. their rationality and autonomy or their likeness in the image of God). This affirmation of dignity is guided by a superseding moral duty and protected by organizational codes of ethics, codes of conduct, and business law. The processes for affirming dignity as they have been theorized and empirically tested by the scholars reviewed were discussed. The individual processes are self-led and purposive acts that individuals direct towards the fulfillment of their own dignity and are supported by virtues. The relational processes are both fair and respectful treatment and also opportunities. The collective processes include the relationship quality and the culture that supports our deeply social being. Next whether dignity is culturally specific or a cross-cultural norm was discussed. As this discussion is nascent in the scholarship, it requires future research. With this foundation of the definition and

processes, the review progressed to look at leading doctrines that apply dignity to an organizational context, including Catholic Social Teaching, personalism, humanistic management, business ethics, and development ethics. This was followed with positive outcomes and challenges. Positive outcomes include justice and flourishing. Challenges include a predominant and dehumanized view of management. In the discussion, progressive points on an affirmation of dignity continuum, from the reduction of indignity (doing less harm) to the promotion of dignity aimed at flourishing (doing more good) were explored. Next, implications for practice and a future research agenda were offered. This review closed with limitations.

**Chapter 3: Planning and designing for dignity:
Utilizing the design practice of
empathic imagining**

Architect[ure] of quality today must be, above all, an expression of the most adept, profound, and skillful synthesis of all the knowledge that can be had of the total elements which exist and are foreseeable at the time of the building; a clear expression of the total wealth of our society; not just material, but spiritual, social, technical, and moral as well.

(Bob Anshen, 1963, Annual Meeting of the American Institute of Architects)

3.1 Introduction

Designing physical spaces is a creative and technical undertaking, with great consequence on the functional and emotional experiences of those who will inhabit that space. In this paper we provide insight into the work processes of planners and designers who begin with the intention to design physical space that signals the promotion of human dignity. Our main contribution is twofold: first, we contribute to a call for humanistic design—design that improves the human condition—by featuring a positively deviant case; second, we define a design practice that utilizes empathy and imagination to achieve this end, which we term empathic imagining. The design of physical space is an applied art of space where appearance and utility are first virtually imagined and then result in concrete spatial creation (Langer, 1953: 92–93). Our contribution directly speaks to the design of physical space intended to signal the promotion of human dignity. In this way we support this symposium on art and dignity in organizational life.

Physical space both reflects and influences our thoughts, emotions, and actions (Smith & Bugni, 2006) in a complex activity between aesthetic feeling and practical doing (Giedion, 1967; Guillen, 2006). Symbolic interactionism (Blumer, 1962, 1969; Mead, 1934, 1938) has shown that this complex activity is mediated by the use and interpretation of signs and symbols, which explains the fundamental connection between physical space and human thought, emotions, actions,

experiences, and relationships (Bugni & Smith, 2002; Elsbach & Pratt, 2007; Pratt & Rafaeli, 2001; Rafaeli & Vinai-Yavetz, 2004; Smith & Bugni, 2006; Vilnai-Yavetz, 2005; Zhong & House, 2012). Symbolic interactionism scholarship reveals “that the search for constructing, knowing, and performing the self often occurs in relation to designed physical [spaces]” (Smith & Bugni, 2006: 126). Although the connection between physical space and our human being has been well documented, scholars have predominantly focused on the receiver side and have not paid as much attention to the designer side (Smith & Bugni, 2006). It has been suggested, but not yet thoroughly researched, that the theory of symbolic interactionism and the field of architecture may collaborate to build designed physical spaces that improve the human condition (Bugni & Smith, 2002; Smith & Bugni, 2006). As Bob Anshen says in the opening quote, there is an opportunity during the design of physical space to express all sides of human life, not just material, but spiritual, social, technical, and moral as well. With this paper, we begin to answer this call.

We illustrate the case of Cleveland Clinic, a world-class health care system that aims to serve the best of the human condition in myriad ways, including through the design of physical space. We consider this case an example of positively deviant organizational behavior (Spreitzer & Sonenshein, 2004) within the healthcare industry because of Cleveland Clinic’s publicly lauded investments towards designing humanistic physical spaces (Community Partnership for Arts and Culture, 2014; Crane, 2014; Karnik, Printz, & Finkel, 2014; Landro, 2014; Pogorelc, 2013). This reveals the organization’s approach towards a different kind of excellence that is contrary to the expected norm, particularly in a cost-constrained industry. The nature of healthcare is that it is challenging and at times dehumanizing based on both the patients’ and family members of patients’ vulnerability, acute stress, and discomfort, and on the way these feelings are acknowledged (Suchman, Markakis, Beckman, & Frankel, 1997). The experience of

going to a healthcare facility is rarely associated with positive feelings (Ananth, 2008). Kabat-Zinn (2005: 73) appropriately quotes this contrary norm when he says,

I recently got a call from a physician colleague in his late forties who had undergone hip replacement surgery ... He also said that he was astonished by the degree of mindlessness that characterized many aspects of the hospital stay. He felt successively stripped of his status as a physician, and a rather prominent one at that, and then of his personhood and identity. He had been a recipient of 'medical care', but on the whole, that care had hardly been caring. Caring requires empathy and mindfulness, and openhearted presence, often surprisingly lacking where one would think it would be most in evidence.

To intentionally design for, and receive accolades for, a different type of physical space that not only counteracts these dehumanizing constraints but also promotes a humanizing experience indicates a positively deviant approach that we consider well worth examining. With a qualitative grounded theory study, we interviewed employees involved in the planning and design process of Cleveland Clinic's physical space, and also observed this process, to uncover a design practice that we term empathic imagining. Our findings suggest that the practice of empathic imagining operates through designing and planning for the envisioned cognitive, emotional, and physical needs of others by empathizing with the other and imagining a series of scenarios based on how the other may perceive the future spaces. Empathic imagining activates the affective (feeling what the other is feeling), cognitive (knowing what the other is feeling), and intentional (responding compassionately) components of empathic practices. Similarly, empathic imagining synthesizes the affective (meaning-making between what is sensed by

body and mind), cognitive (conscious creation), and intentional (responding innovatively) components of imaginative practices. The integration of these practices fosters a deeper understanding of end users' experiences within designed spaces and supports creative solutions that will respond to users' emotional needs with compassion and innovation.

In the case of Cleveland Clinic, empathic imagining was specifically used as a creative solution for designing humanistic physical space, although in our implications for future research and practice we begin to discuss other design problems to which empathic imagining may be applied. Our findings contribute to the literature on workplace design practices that inform the knowledge-intensive and creative practices that extend the development of novel ideas (Ravasi & Stigliani, 2012). Additionally, humanistic management is considered a form of organizing that enriches human nature through the development of human virtue, in all its forms (Melé, 2003a). Utilizing humanistic design in the planning and design processes of an organization falls within this domain as these activities affirm human dignity (Acevedo, 2012). We thereby also contribute to the body of positive organizational scholarship that offers leaders and organizational members intentional and purposeful ways to promote the good in organizational life through insight into the processes of humanistic design.

3.2 Literature review

Although this is a grounded theory paper, we next review the literatures that support our two-fold contribution. These literatures were not instrumental to the research design; their review occurred over the course of the study; and, along with the design of the study these literatures iteratively contributed to an evolving

research design. We include them in the paper here to prepare our readers for what is to come next.

3.2.1 Planning and design process and practices

The American Institute of Architects and Royal Institute of British Architects, the leading professional associations for architects, outline a standard model for planning and designing buildings, (AIA, 2015; RIBA, 2013). This standard model sets out the details of work to be carried out by each profession during each stage of a building design process and includes seven stages. The seven stages are: 1) Programming; 2) Schematic design; 3) Design development; 4) Construction documents; 5) Bidding; 6) Construction; and, 7) Occupancy. Over the duration of our study, we observed the first three stages. In the programming stage, broad decisions are made based upon user requirements. In the schematic design stage, simple diagrammatic documents are developed that delineate room sizes and relationships, infrastructure systems, and elevation studies of the exterior. Many representatives frequently review these documents and preliminary costs are established. In the design development stage, the schematic design is further developed such that colors, patterns, materials, lighting fixtures, special equipment, and building elements are selected and reviewed. Costs are also updated. Within the process just outlined, iterations of decisions are made in consecutive meetings based upon wants, needs, quality and safety standards, and the designated budget.

In addition to the standard model for planning and designing buildings that achieves the management and coordination of design activities amongst multiple professionals, there is the actual practice of design and the organizational processes that underpin physical space design (Ravasi & Stigliani, 2012). Design

practices are a set of activities through which properties of physical space are determined. They are commonly thought of as ‘what designers do’ (Heskett, 2002). Design practices that have been discussed in the literature include: frequent and intensive brainstorming sessions to generate creative ideas during early phases of development (Sutton & Hargadon, 1996), leveraging knowledge from multiple domains for effective design (Hargadon & Sutton, 1997), utilizing aesthetic knowledge (Ewenstein & Whyte, 2007, 2009), and user-centered tools that invite the end user to be a member of the design process or to actually design products themselves (Thomke & Von Hippel, 2002). Scholarly advancements on design practices have focused on designers’ cognitive processes that underpin design. We believe cognitive processes are necessary but not exclusive. In our review of the literature, we did not find scholarship on design practices that focus on designer’s affective processes, whether the designers’ own or those believed to be experienced by the end user. The lack of focus on affective design processes may be due to traditional formalistic practices that focus on form, function, efficiency and resultant behavioral affordances (Gibson, 1966). Affordances are properties of objects, physical spaces, or events that respond to the needs of the perceiver and invite action (Decety, 2004; Fayard & Weeks, 2007). For example, the form of a doorknob affords an individual the opportunity to reach out, turn the knob, and pull open a door. Affordances explain how an individual’s behavior is shaped, but never fully determined, by the physical and social characteristics of that setting. Affordances contribute to the heretofore-dominant goal of formalistic design, its effect on behavior.

In healthcare, a narrow focus on formalistic design during the 1980s paralleled technological advancements, the need for infection control, efficiency, and patient safety. Architecture responded with stark, noisy, unattractive, and antiseptic smelling facilities (Ananth, 2008) that afforded patients and family members of patients efficiency of navigation and security from germs through lack of color,

shiny metal surfaces, tile floors, and reduced ornamentation (Sternberg, 2010: 219). This was a positive advancement as minimizing infection is a major issue of healthcare facilities and mitigating stress caused by an uncertain, and at times frightening, environment helps healing. Still, these advancements were miles away from attention to the mind and spirit and the elements of physical space that positively sustain them. In an effort to shrink this gap, emerging from a study that linked views of nature to speed of healing (Ulrich, 1984), evidence-based design uses psychological and health-outcome measures to evaluate health benefits of architectural features (Sternberg, 2010: 215). There are three main categories of evidence-based design—patient safety, environmental stressors, and ecological health—that drive much of today’s healthcare facility design processes. Evidence-based design begins to re-link the mind and body in the process of healing, but remains stunted in its advancements. Over 40 years ago, the focus on formalistic practices towards the end of form and function was critiqued for its disregard to humanistic design practices (Arnheim, 1977). This critique, which continues today, made apparent a lack of focus on the value and agency of people embedded in formalistic practices (Bugni & Smith, 2002).

3.2.2 Dignity

Humanistic design intends to signal the promotion of dignity of end users through perceived subjective meaning rather than formal objective reality (Bugni & Smith, 2002). This approach views buildings as active participants in the lives of users and enables human potential to unfold. Humanistic approaches emphasize the value and agency of users, thus influenced by the physical space around them, and considers a more holistic personal experience of the physical space than the simply functional one often highlighted in standard planning and design processes.

Humanistic design fundamentally improves the condition through its signaling of the promotion of human dignity. Promoting dignity—an individual’s essential worth by virtue of being human (Aquinas, 1265; Kant, 1785)—occurs through certain forms of treatment founded on recognition, a social form of granting positive status to another, and on acts of love, affirmation, respect, benevolence, care, and esteem (Hegel, 1807; Honneth, 1996; Margolis, 2001; Melé, 2009; Sandelands, 2014; Whetstone, 2002). Dignity both exemplifies and is supported by our deeply social being, as humans are physically, psychologically, economically, and culturally dependent on others throughout their lives (Sayer, 2007). While this type of treatment and these acts have been shown to occur through relational processes (Dutton & Heaphy, 2003; Lucas et al., 2013), they are also signaled by the physical spaces that envelop our social lives. As George Herbert Mead famously said, “social beings are things as definitely as physical things are social” (Mead, 2013: 199). Building on Mead, it is with the basis of symbolic interactionism outlaid in the introduction that we further explore how an organization designs humanistic physical spaces intended to signal the promotion of dignity.

3.2.3 The act of empathy

Designing with the intention to signal the promotion of dignity requires that the quality of treatments shown to promote dignity—including recognition, respect, love, and care—are incorporated into the design, which begins with the intention to do so. Driven by and following this intention, designers then choose which design practice(s) to use. As we will show in our findings, one practice is to utilize empathy iteratively with imagination. Empathy is the capacity to receive and understand the emotional state of others, their perspective, and what they would

like to have happen next (Davis, 1983; McLaren, 2013). It is our ability to put ourselves into the place of the other's. While there are many nuanced definitions of empathy, scholars typically agree on three main components: feeling what another person is feeling (affective component), knowing what another person is feeling (cognitive component), and having the intention to respond compassionately to another person's distress (Decety, 2004; Smith, 1759; Spencer, 1870). We achieve empathy through observation, memory, knowledge, and reasoning combined with insight and inference (Ickes, 1997). This process does not require the witnessing of another's situation, it can be perceived from a photograph, read about in a book, or simply imagined (Decety, 2004). Within the health care context, it has been shown that feeling understood is intrinsically therapeutic, as it bridges the isolation of illness (Havens, 1986) and helps to restore a sense of connectedness that allows people to feel whole (Suchman et al., 1997; Suchman & Matthews, 1988).

3.2.4 The act of imagining

Empathy is an act that occurs from the outside in. In other words, an individual receives and understands another's point of view and then intends to respond compassionately. Yet, the act of empathy does not include this response and it may happen any number of ways. Imagination provides the opportunity to develop creative solutions with which to respond. Imagination is understood from a philosophical perspective as presence-in-absence and is associated with philosophers such as Fichte and Kant who declared imagination the creative ability to transform the real into the ideal (Kearney, 1998). Quoting Santayana, "[i]magination, in a word, generates as well as abstracts; it observes, combines, and cancels; but it also dreams" (1900: 112). The act of imagining creates a critical

pathway to make new knowledge accessible and integrate experience into processes of problem solving and learning. While imagining has been explored in various ways by philosophical, ethical, and practical disciplines, the essence of imagination can be described through three phenomenological claims: imagining is a productive cognitive act, not just a mental reproduction (it is an act of conscious creation); imagining is a synthesis of the sensible and the intelligible (it is an act of meaning making between what is sensed by body and mind); imagining is a tool of innovation, not simply an act of fantasy (Husserl *as quoted in* Kearney, 1998: 6). As with empathy, the act of imagining does not require the direct observation of a situation, but is instead a form of ideation characterized by free and flexible intuition. The process of imagining is central to and important to the design process. Imagining draws on the creativity of designers and explores potential outcomes of various possibilities as physical space is being designed (Collier, 2006). Langer specifically speaks of the process of architecture as an art of space and building as the act of making this space, both of which first begin as an illusion, something imaginary (1953: 93). Le Corbusier (1927: 73) has said, “architecture is the first manifestation of man creating his own universe”. This universe contains the intentions of the designer, the process of imagining alternatives, the subsequent choice of one alternative, and then the design and build.

To research our inquiry we contracted with a positively deviant case that has been lauded for its investments in and humanistic outcome of its physical space. We will next describe the site before we discuss the methods we employed for this study.

3.3 The site

Cleveland Clinic is a not-for-profit multispecialty academic medical center that integrates clinical care with research and education. This is carried out through patient-centered institutes that combine medical and surgical services around single diseases or organ systems. Cleveland Clinic engages a group practice model and employs physician leadership in most facets of operation. The organization employs over 3,000 physicians and scientists, 11,400 nurses, and 43,890 employees amongst its main campus, eight community hospitals, 18 family health centers, and facilities in Florida, Nevada, Toronto, and Abu Dhabi. Cleveland Clinic was founded in 1921 by four physicians with a vision of providing outstanding patient care based upon the principles of cooperation, compassion, and innovation. The organization has consistently been named one of the top healthcare institutions in the country for many years, the number one heart hospital for 20 years, and is nationally ranked in 14 specialties, including 9 in the top 3 nationwide (Leonard, 2014).

Culturally, the pervasive mission-driven mantras are “patients first” and “every life deserves world-class care.” As the guiding principle, “patients first” supports a focus on research and education for the improvement of patient care through benchmarking and measures to improve quality. Quality improvement allows the organization to identify opportunities and to implement new processes that standardize approaches, reduce variability, and improve outcomes. “Every life deserves world-class care” encompasses Cleveland Clinic’s continual quest for, and achievement of, clinical expertise, evidenced by high national and international recognition year after year. This also encompasses whom they serve, anyone who comes through its doors to seek medical attention, including patients from around the globe. The culture is supported by the following values and beliefs, which are

embedded into the organization's formal mission: quality, innovation, teamwork, service, integrity, and compassion.

Delos "Toby" Cosgrove has been a physician with Cleveland Clinic since 1975 and was named the President and CEO in 2004. During his tenure, he has made empathy, care, and compassion a focus of the organization. Shortly after he became CEO, he taught a case study that dramatically changed his view of giving care. In his own words, he explains it thus:

In 2006, Harvard Business School invited me to discuss a case study on Cleveland Clinic. After a positive first session, a student at the second session raised her hand to ask a question. "Dr. Cosgrove, my father needed mitral valve surgery. We knew about Cleveland Clinic and the excellent results you have. But we decided not to go because we heard that you had no empathy there. We went to another hospital instead, even though it wasn't as highly ranked as yours." The student then paused and looked me right in the eyes. "Dr. Cosgrove, do you teach empathy at Cleveland Clinic?" I was floored. No one had ever asked me that before, so I didn't have much of an answer. Cleveland Clinic had recently adopted an initiative called "patients first" that focuses on delivering better care to patients and their families. But we didn't yet teach empathy, and we hadn't yet committed ourselves to thinking that much about the feelings of individual patients. Ten days after visiting Harvard, I went to Saudi Arabia for the inauguration of a new hospital. King Fahd of Saudi Arabia was there. The president of the hospital said, "This hospital is dedicated to the body, spirit, and soul of the patient." I happened to look over and saw the king weeping. Many members of the audience were crying as well. I thought, "We're really missing something. We need to treat the soul and spirit of the patient, not just the body." (Cosgrove, MD, 2014: 109–110)

The leadership of Cleveland Clinic have transitioned to view healthcare as a holistic and humanistic endeavor and strive to balance medical expertise with humanistic values, such as care and compassion. Evident of this, the organization has invested in specific sensory elements that fill the physical space. Visually, the streamlined architecture is made up of mostly white walls (internally known as Cosgrovia white), speckled with accent walls of spearmint-colored semi-translucent glass and dark charcoal slate. Fixtures are all steel. Other than the spearmint glass, the only color that really pops is that of the art on the walls, which is comprised of over 4,500 works of fine art with acquisitions from around the globe. The impetus for the mission of the art program emerged from a print by Jonathan Borofsky's titled, "Art is for the Spirit". From this print, the directors of the program determined core values: "to enrich, inspire, and enliven our environment for the patients, visitors, employees, and the community" (Cleveland Clinic, n.d.). The organization has also always believed that art, in combination with outstanding care and service, encourages healing and supports the work of medical professionals (Cleveland Clinic, 2014). In addition to the private art collection the physical space contains other intentionally designed and implemented humanistic experiences. For example, walking through an underground tunnel that connects the parking garage to the main lobby, footsteps are accompanied by a soft play of lights that change from one color to the next without clear borders of segmentation. From a sound perspective, there is an overall hush that is unexpected for the number of people in the space and the activities taking place therein. Live music performances by members of a world-renowned orchestra are a weekly occurrence. In their absence, a Zen-like Muzak soundtrack invites reflection and a slower pace. Kinesthetically, Toby Cosgrove, MD began a Canine Greeter program with the idea that dogs may calm anxious patients and remind them of their pet(s) at home. As our findings will show, the

organization espouses the belief that humanistic experience, in combination with outstanding care and service, encourages holistic healing and well-being.

3.4 Methods

Our research is a qualitative study that utilizes grounded theory-building (Glaser & Strauss, 1967). As such, in the Methods section we have interwoven what we did with what we found to mark key twists and turns that occurred through our utilization of the constant comparison method, a central tenet of grounded theory-building. Our key findings will be developed in the Findings section.

3.4.1 Research flow

As the family member of a patient receiving extended major medical care, the PI developed the initial research question while ‘living’ onsite for nearly one month, which occurred three years prior to IRB approval. During this time, the PI found that in the midst of the emotional and physical fatigue that accompanies caring for a sick loved one, the physical space of the site catered to the mind, body, and spirit in a caring and loving way. As an organizational behavior researcher, the PI researched whether others had similar experiences and whether employees experienced the physical space this way. This led to the initial research question: How does a physical space that positively and holistically impacts patients and family members of patients, even in times of distress and vulnerability, affect employees? Through a grounded theory-building approach, as discussed in the Interview section below, this research question was later modified to: How do organizations design physical spaces intended to signal the promotion of dignity?

The PI reviewed the organizational literature on the topics of dignity and the design of physical spaces. With a lack of sufficient theory to address the research question, and in the style of qualitative research (Denzin & Lincoln, 1994, 2000), the study was designed so that the phenomenon could be researched in the environment in which it naturally occurred. The initial immersion extended to an in-depth, on-site, multi-year study that aimed to evaluate the research question.

3.4.2 On site

Once approved for the study, the PI was provided an ID badge, access to main campus buildings, an office with a PC and phone, an email account, and access to the site's Intranet. During the first year of the study, the PI spent between 10 and 50 hours per week on site, averaging 20 hours per week. The PI conducted interviews, sat in on space design meetings, and observed the impact of the public and shared physical spaces. Copious field notes were recorded each day and then expanded each evening (Barley, 1996; Emerson, Fretz, & Shaw, 1995; Jorgensen, 1989). A cycle of: collecting data, reviewing archival and scholarly literature, and analyzing data, iteratively occurred over the course of the study and is expanded upon in the Analysis section below. The PI led the data collection and collaborated with the coauthors for other aspects of the research.

3.4.3 Sample

The PI invited a purposive sample of 51 employees for semi-structured interviews. Invitations to interview were sent through the mail with follow up conducted by phone and email. The sample was comprised of employees whose roles designate a decision-making capacity in new and retrofit building planning. Employees from

the: Arts and Medicine Institute, Wellness Institute, Office of Professional Staff Affairs, Construction (Planning & Design Team) / Buildings and Properties, Facilities Operations, and Strategic Space Planning were targeted (see Table I for the purpose of sample selection for each group).

Table 3T-1. Cleveland Clinic Purposive Sample Selection

Group	Focus of Group	Reason for Recruiting	#
Arts and Medicine Institute	Initiates and carries out investigations into the effects of art and culture in the medical environment.	To inform the measured effects of art and other cultural / environmental elements on users and to inform quality improvement efforts.	11
Construction (P&D Team) / Buildings & Properties	Represents the hub of environmental and space design. Manages the drawings, plans, and the master plan.	To inform the intent of design and building on campus, as well as the reasons behind resources allocated.	7
Facilities Operations	Provides an atmosphere that allows patients, visitors, and staff to meet or exceed high expectations when they are interacting with Cleveland Clinic.	To inform the ways in which Facilities Operations achieve their desired outcomes for the atmosphere of Cleveland Clinic.	1
Office of Professional Staff Affairs (OPSA)	Helps recruit and retain Professional Staff of the highest quality.	To inform the ways in which the physical environment is considered in respect to recruiting and retaining professional staff.	5
Strategic Space Planning	Monitors, issues, and evaluates space assignments enterprise-wide. Reviews incoming space planning requests and approach a decision for approval based on strategic and operational objectives.	To inform the intent of design and building on campus, as well as the reasons behind resources allocated.	19
Wellness Institute	Promotes a meaningful life, mind and body cleansing, happiness, and reduced stress.	To inform the ways in which specifically designed environments influence workplace wellbeing for employees. The Workplace Wellness Initiative, in particular, was targeted for this purpose.	3

These employees are qualified, credentialed, and degreed in their respective areas of expertise including architecture, building project leadership, civil engineering, interior design, art, and music. Of the 51 invited employees, 5 declined. Of the 5 who declined, 2 did so because their role did not match the criteria for an interview and the other 3 did so without explanation. During the course of interviewing, informants recommended 5 more employees by word of mouth that were then invited to interview and subsequently added to the sample. Thus, a total of 51 employees participated in an interview.

3.4.4 Interviews

Interviews ranged from 20 minutes to 1 hour. A protocol was used as a guide (See Appendix 3A-1 at the end of this dissertation for the complete interview guide), but in the fashion of semi-structured interviews, the PI exercised latitude in asking and sequencing the questions appropriate to each informant (Miles, 2014: 40). Participants were asked about their role in the decision-making or implementation of the design of physical space, the processes and practices used, what they believe is unique about the physical space, what values of the organization are represented in the physical space, how the physical space affects them on a personal level, which sensory elements of the physical space they most notice, and in which ways the physical space is designed and intended for patients, family members of patients, and employees.

The “patients first” mantra became evident in responses to questions about intentions for employees, to which informants responded with intentions for patients and family members of patients instead. Additionally, insight on the processes and practices by which employees designed future physical space emerged as a research gem. Because of the emergent nature of the findings, the

interview protocol did not initially emphasize certain aspects of the design process. Despite not focusing on this in the earlier interviews conducted, the continued data collection and analysis ultimately revealed the empathic nature of the design process as a key finding. The PI was able to adapt later interviews accordingly, to focus on the broader story being told. All interviews were transcribed using a transcription service.

3.4.5 Observation

Observation included attending meetings and observing the perceptions of and impact of the public and shared physical spaces. Outside of meetings, observation was limited to the main lobbies, as they represent the newest public and shared physical spaces on the main campus. The PI would sit in a chair or stand, as inconspicuously as possible, and observe people as they interacted with the physical space. This observation included informal counts of employees and visitors, noting the facial expressions of passersby as well as people's interactions with the physical space (e.g. passing through, sitting, eating lunch, or interacting with the art, musicians, or greeter dogs). Access to design meetings was granted as new relationships formed and credibility was established. The primary department of contact and access was the Planning and Design Team. Access to design meetings for the new Cancer Center and the new Health Education Campus provided exposure to the way the organization progressed through the design of a new building from inception through design iteration to bricks and mortar. Additionally, access was granted to observe a weekly virtual meeting of the Strategic Space Planning committee. For both forms of observation, notes were taken in a handheld paper notebook and then later transferred to a Microsoft Word document where reflective memos were added.

3.4.6 Analysis

The PI and the second author touched base multiple times per week and typically met face-to-face once per week. The frequency of communication allowed for discussion over puzzling insights from the data, empirical and interpretive questions that emerged from the field notes, shared understanding as familiarity and comprehension converged, and planning for further data collection based upon theoretical sampling. In the beginning, conversations predominantly revolved around descriptive accounts of the field. These later shifted to an examination of the data. To examine the data, we followed Gioia et al's (2013) systematic approach to concept development, which is based upon the four stages of the constant comparative method (i.e. comparing incidents applicable to each category, integrating categories and their properties, delimiting the theory, and writing the theory) outlined by Glaser and Strauss (1967). We chose this approach as a guide to develop and discover new concepts with an adequate level of scientific theorizing (Gioia et al., 2013).

We independently used NVivo for Mac to code the interview transcripts and field notes and to record our reflections in the form of researcher memos. We independently coded interviews then met, reviewed, and discussed emergent categories, sub-categories, and their dimensions. Our first iteration of 1st-order analysis included 63 informant-centric categories, which we organized into six broad groupings. With this initial coding scheme, we coded additional interviews while remaining open to new and emergent categories and their properties. We cross-coded our analysis and came to agreement on discrepancies. Our second iteration of 1st-order analysis included 77 informant-centric categories, which we kept in six broad groupings. During this stage, we employed theoretical sensitivity (Glaser & Strauss, 1967; O'Reilly et al., 2012) to interpret the data as we compared categories, looked for similarities and differences, moved categories when

appropriate, and deleted others. To continue to uncover the observed phenomena and iteratively progress towards theory-building, we utilized theoretical sampling that allowed for data collection decisions to be determined by the theories being constructed (O'Reilly et al., 2012; Suddaby, 2006). For example, after the second iteration of the coding scheme, we hosted three focus groups to clarify emerging themes with internal stakeholders who were not members of the purposive interview sample. With the revised coding scheme, we independently coded the remaining interviews (re-coding the initial random selection) until we achieved saturation (Glaser & Strauss, 1967; Locke, 2001; O'Reilly et al., 2012; Suddaby, 2006). We knew we had reached saturation once the data ceased to offer new insights, and could no longer be coded into new categories or properties of categories. We again came together to compare, discuss, adjust, converge, and clarify our logic (Glaser & Strauss, 1967), thereby insuring the process of analysis was dialectical (Jorgensen, 1989). In our final stages of analysis, our model was developed through our iterative writing of the Findings and Discussion and their comparison to the literature and data.

3.5 Findings

Our analyses suggest that Cleveland Clinic practices empathy iteratively with imagination, in a design practice we define as empathic imagining. This site uses this practice to design physical space intended to signal the promotion of one's dignity. In this section, we describe the data that emerged from observation of and interviews about the planning and design process that led to this conclusion. We organize our findings in the following order: observing empathy; observing imagining; and, the intent to signal the promotion of dignity.

3.5.1 Observing empathy

During interviews and observation, we perceived the process of empathy in both individual's retrospective accounts regarding past planning and designing of physical space and groups' prospective planning and designing for new physical space. In the interviews, we asked informants which values of the organization they believe the physical space conveys, which intentions underlie design decisions, and how the physical space makes them feel. Generally, informants easily answered the first two questions. The third question was typically preceded by a pause that accompanied a short period of reflection and was then answered from the point of view of the other. We heard responses focused on other employees' points of view, such as, "The employees at the Clinic, like at many hospitals, work long and hard everyday and I think that it is great to have available the opportunity to be in a space like that where it is actually uplifting as opposed to something like, 'oh God, I've got 6 hours to go on my shift or something' " (04). This informant puts themselves in the shoes of a hard working (and potentially stressed) employee. In a similar example a member of the arts and medicine team commented, "It's fascinating to me because a lot of people really feel like this is their living room. This is their space. They're working here and we have to be really sensitive to that" (23). Here, this informant connects to the proprietary feeling of home that a workspace takes for other employees. We also heard responses focused on patients' and family members of patients' points of view, such as, "People are already facing enough stress and anxiety when they are here. We are not looking to put them in any more" (05). This is a straightforward example of connecting to the unpleasant emotions that accompany a visit to a healthcare facility. Here is another example, "Now if the only place they've got to go is the infusion room or the waiting room outside where everybody else is, they can't be alone. They may have emotions that they want to feel and are feeling and

need to be expressed somehow. We've got to be conscious of that" (44). In this last example, the planner recognizes that the visitor will feel any number of emotions and that these emotions should be considered in the design of space. Putting oneself in the cognitive and affective position of another appeared to occur easily and regularly for members of our sample. One member of the planning and design team even referred to it as "common sense. Put yourself into the shoes of the patient and what would you want to see." (23). We also note that the responses to this question often involved a switch in perspective from descriptions of how the informant personally felt to a projection of what they thought others might feel. Informants often put themselves into the shoes of others to envision the thoughts, emotions, and state of being of these others, which represented to us the affective and cognitive components of empathy—feeling and knowing what another person is feeling (Decety, 2004).

In addition to the affective and cognitive components of empathy, we also observed the way the space was designed with the intention to combat or counterbalance perceived negative emotions of the other. In the first quote above (04), the informant is describing the light and bright aesthetic design that pervades most of the organization's buildings, and reflects upon this design feature as an opportunity to uplift. In the third quote above (05), the informant is describing the careful consideration of others' emotional needs when making decisions about recorded and live music repertoires that at a minimum do not add to others' stress. One of the music directors spoke to this in saying, "the music helped [people] feel less stressed, more relaxed, and so you are disarming the person of any anxiety and I think there is a tremendous benefit to that. ... It improves their mood" (05). One of the art directors also spoke to this in saying, "Transforming the healthcare environment through the arts. That's kind of our goal. So basically treating the whole person and treating, you know you're in a hospital and it's not

the easiest place to be and so it's remembering what makes you human, or makes you feel good" (15).

A specific objective of the design of physical space that counters perceived negative emotions were "little respites", "positive distractions", and "windows" to elsewhere. We frequently heard informants describe the art, live and overhead music, outside views through windows or from the rooftop pavilion, and the greeter dogs (actual canine pets) in this way. One design team member said, "The greeter dogs are my favorite. My blood pressure gets lowered when I meet them. They remind me of my pet at home" (50). While an art director commented on arts capacity to do so in saying, "[Visitors] say, oh, Boston, I've seen that painting. I've been to that museum. My Aunt lives in Boston. I wonder how my Aunt is. Like you have all of this possibility at point of contact. So, to me, that is a really important aspect" (10). Additionally on art and music, another director said, "The arts can help remind people about the parts of them that are still healthy. It can help them to access and be in touch with feelings maybe that they're trying to ignore for whatever reason. And all that helps them to remember that they're more than just a sick person" (25). Another planner commented, "art is really the opportunity to bring some color, some life, something to talk about. And I think the art ... is sort of a distraction or like a porthole into some other dimension, idea, whatever. If you're having a really stressful day whether it is because of work or why you are at the Clinic, you can look at something and be somewhere else" (09). These quotes represent intentionally designed opportunities for micro-moments of calm that positively connect an individual to the other parts of their self (e.g. non-professional and non-ill identities, familial connections, personal passions and interests). This represented to us the third component of empathy, intending to respond compassionately to another person's distress (Decety, 2004) through the design of space.

3.5.2 Observing imagining

In addition to observing empathy, we also witnessed the process of not only imagining physical space that meets the physical needs of the users, but that meets the cognitive, affective, and spiritual needs as well. Earlier we reviewed the global planning and design process that is also adopted by Cleveland Clinic. All physical space planning and design processes include imagination to some extent and subsequent decisions about what will and will not be included in the end result. And all physical space planning and design projects include formalistic design that determines form, function, and flow of a future space (e.g. wall height, hallway width, doorway placement, number of rooms, occupancy of rooms, etc.). In healthcare, this is often guided by evidence-based design, but even evidence-based design is limited. An architect remarked, “one of the things that bothers me a little bit about today’s trend is that a lot of people talk about evidence-based design, and I think they use it as a crutch. Statistics are only part of the issue. There’s another piece of humanity that’s not statistical” (44). Aligned with designing physical space that is more than evidence-based, another planner reflected on his purpose as, “I’m not here to put finishes on a wall. I’m not here to make a detail on something that looks nice. I’m here to make sure that the people who are here have a great sense of the Clinic and can be healed by the time that they leave; that they get a great feel for what they’re doing. That gives me motivation and purpose I feel that I can connect with” (19).

We witnessed imagining for physical space that catered to humanistic elements in response to the empathy previously discussed. By attending planning and design meetings for the new Cancer Center and the new Health Education Campus, we observed the way the organization progressed through the design of a new building from inception through design iteration. In attendance at these meetings were representatives from: the planning and design team, facilities and

engineering, executive leadership, arts and medicine institute, employee end users, the contracted international architectural firm, and user representatives. Cleveland Clinic follows the standard model of building design, as outlined by AIA and RIBA, yet we witnessed a diversion from formalistic practices in the prioritization, aim, and resources allocated to designing physical spaces that not only accommodate the functional needs of all users, but the emotional and spiritual needs as well. It became evident that those involved in the planning and design of new space believe that sensory and affective perceptions of physical space influence experience within that space. While looking at blueprints and 3-D models, they would ask questions such as: If I'm driving my mother to receive an infusion, I would pull up here, right? Then where would the valet greet me? What if she needs a wheelchair? What if it is raining? And once inside, how will I know where the elevators are? I don't want to be lost, so how will I find my way? I don't want her to be uncomfortable so what if she has to use a restroom? Where can the other one wait? How many chairs will be there? What if I have a question, whom can I ask? How loud will the space be? The team would continue on through the entire experience of the patient, the family member of the patient, and the employee and meticulously cover every potential scenario and feeling they could fathom. This would be followed with appropriate adaptations to the design specification. A space committee member described a leader of this process in the following way:

He exists for his patients and his patients always come first. So he will get mad at us when we're doing a design where we put cost over a patient; we put convenience of construction over a patient; or whatever. And he will make the comment, "This patient is dying from cancer. You cannot waste their time." Or "This patient is in infusion and they're probably going to throw up five times. And

that's embarrassing."... It is all about accommodating and being sensitive to what the patient is going through (107).

Particularly striking during the observation of these meetings was the care and attention that went into imagining the non-necessary components of the physical space being designed including a reflection / meditation room and an indoor / outdoor garden. In response to this process, one member of the team said, "so the artwork that we choose and the way in which we install it, and the methods that we go about in terms of thinking about how we're going to install it, where, and so forth, is related to this idea of being empathetic, compassionate, understanding who is here, who is there and so forth (21)".

3.5.3 The intent to signal the promotion of dignity

We know from the literature that dignity is promoted through recognition, respect, care, compassion, and love of *being human*. While reflecting on the intention that planners and designers hope the physical space signals, we consistently heard refrains of, "We're going to take care of you. You're a person, we're going to take care of you and we know you have loved ones with you, and we're going to take care of them too" (44); "you are not just coming here to get medications or a procedure. We are taking care of you and putting you in an environment that is going to make you relaxed and comfortable from the minute you step in the door" (05); and, "Having a building that looks like it's being kept up and that looks good, leaves an impression that you care about who's in it" (20). With this data, we came to discover that Cleveland Clinic intends for its physical space to signal recognition (we see you), respect (we know what you are going through), and care (we will take care of you) that nurtures and supports the mind

and spirit as well as the body. Reflecting on the wholeness of being human, one informant said, “In general I think it helps them to be in touch with their, broadly with their humanness” (25) and another, “[A] person who comes into the hospital should feel they’re really a person and they’re being looked after as a person” (44). We saw this intent demonstrated in exchanges such as this one by a lead planner:

An aside, one of the things that we’re constantly doing is rearranging our spaces and reutilizing them. So they have to be done in a way that we can do that easily and still not lose anything. The easiest way is just line the chairs up around the room, you edge the room. Within the past two weeks I’ve been in other hospitals and that’s exactly how it’s done. But by creating sort of groupings, you reduce the scale, you reduce the noise, and you allow arrangements. If you have a family of four or five people, they can sit in an area together and not feel like they’re talking to the whole room when they’re talking. These are human things that respond to human concerns and desires that are no different than any place else. In my view there’s nothing worse than a living room that’s too big, because you always feel uncomfortable in it. So scale is important; the arrangement of the furniture is important; the quietness of the light is important. (44)

The above quote not only recognizes the importance of the end user’s experience of the physical space, but also recognizes the complex process of reflection and consideration that goes into every decision contributing to that user’s experience. The quote highlights the informant’s hope that the end user will feel like a person and that they are being cared for as such. Thus, this intention plays a key role in the discussions and decision-making that take place during the design process.

3.6 Discussion

The coordination of activities, stages, and the parties involved in the standard model of building design, referred to as design management (Gorb, 1990), is for Cleveland Clinic aligned with the industry norm (AIA, 2015; RIBA, 2013). A separate but connected line of inquiry focuses on the actual practice of design and the organizational processes that underpin physical space design (Ravasi & Stigliani, 2012). Design practices are defined as knowledge-intensive, creative practices that have heretofore focused on how cognitive processes influence the development of novel ideas. Earlier, we reviewed a few of these practices that have advanced our understanding of creativity and innovation in the design process. We witnessed an affective-cognitive design practice that has not been referenced in the literature and that utilizes empathy and imagination. In our study, empathy and imagination were specifically used together to envision physical space intended to signal respect, recognition, and care; and thus, to signal the promotion of dignity.

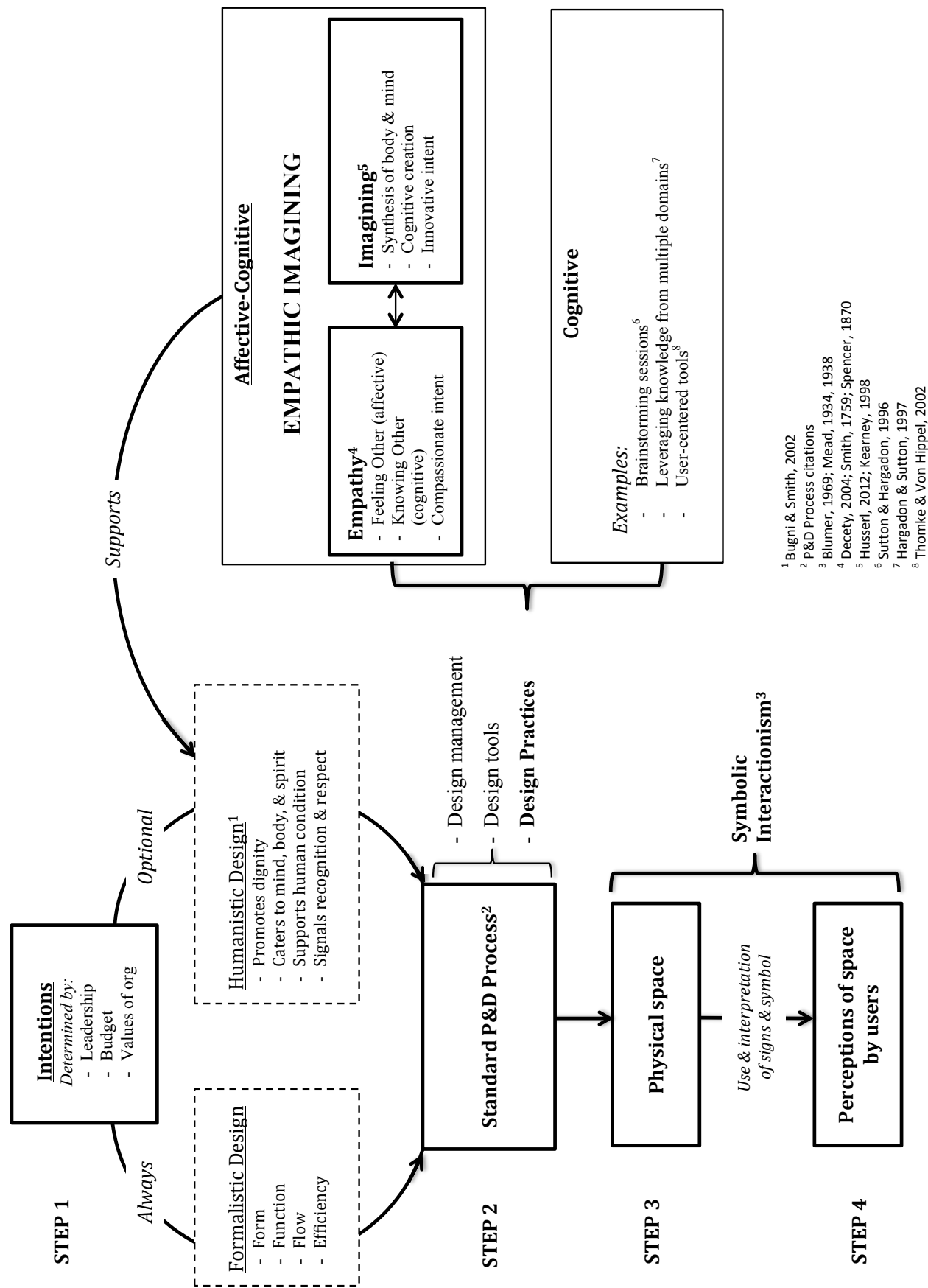
Symbolic interactionism (Blumer, 1962, 1969; Mead, 1934, 1938) explains how symbols associated with space ultimately influences our thoughts, behaviors, and feelings in that space. The literature has shown this occurs first through aesthetic knowing that then becomes embodied cognition. Aesthetic knowing is thought of as a form of knowledge diverse from knowledge acquired through analytical methods (Strati, 1992) and acquired through the senses (Taylor & Hansen, 2005). Once a space is known aesthetically, then “cognitive representations and operations are grounded in physical context” (Zhong & House, 2012). It stands to reason that the precursor to aesthetic knowing is the physical space to be known. This space may take any of an endless number of forms. Ultimately the final form is dependent upon the intention of the designer, which turns into a plan that then gets built.

Planners and designers of Cleveland Clinic's physical space describe an intended experience of a healthcare setting that challenges standard expectations of what a healthcare experience should be. There is a pride with which so many informants speak about the space and their recognition of the need to transform healthcare by humanizing that space. Whether speaking of patients in pain or family members worried over loved ones or employees working long hours away from their families, the informants describe what they imagine the end user to be feeling and how the physical space might enhance or assuage those feelings. They speak of the opportunity to pull users away from their concerns and negative emotions so they may find momentary peace. The art collection, for example, functions as an opportunity to connect to other parts of the self. In the moment of being in the organization, these parts of the self are not as prominent as the reason for being there and the accompanying emotions of stress, anxiety, and fear. Scholars have written about art's capacity to challenge and support reflection, to help people see themselves and understand themselves, to capture the imagination, to harmonize our senses, and to communicate peace (Haydu, 2013).

Meeting the physical needs of users is standard practice for a healthcare facility. However, recognizing and respecting the emotions, stress, and intangible needs experienced by so many within the organization's walls is an exception to those expectations. The intentional physical space design that accompanies such recognition of the whole person and their emotional needs is meant to set the individual at ease while reinforcing the organization's purpose, that of providing world-class and innovative health care. We witnessed designers and planners using empathy and imagination to infuse the design of space with this intention. The planners and designers utilize an inclusive approach to planning and designing physical space by incorporating feedback loops and engaging in continuous discourse across employee hierarchies to ascertain and serve the holistic needs of

all users. They do so to anticipate how end users will *feel* in the space, not just how they *function*. Empathic imagining is the design practice of designing and planning for the envisioned cognitive, emotional, and physical needs of others by empathizing with the other and imagining a series of scenarios based on how the other may perceive the future spaces. Empathic imagining activates the affective (feeling what the other is feeling), cognitive (knowing what the other is feeling), and intentional (responding compassionately) components of empathic practices. Similarly, empathic imagining synthesizes the affective (meaning-making between what is sensed by body and mind), cognitive (conscious creation), and intentional (responding innovatively) components of imaginative practices. The integration of these practices fosters a deeper understanding of end users' experiences within designed spaces and supports creative solutions that will respond to users' emotional needs with compassion and innovation. As a design practice, the act of designing turns the empathized feelings along with the chosen imagined possibility into a reality. It is how the output from the practices of empathy and imagination are incorporated into physical space (see Figure 3F-1).

Figure 3F-1:
Model of Empathic Imaging



¹ Bugni & Smith, 2002

² P&D Process citations

³ Blumer, 1969; Mead, 1934, 1938

⁴ Decety, 2004; Smith, 1759; Spencer, 1870

⁵ Husserl, 2012; Kearney, 1998

⁶ Sutton & Hargadon, 1996

⁷ Hargadon & Sutton, 1997

⁸ Thomke & Von Hippel, 2002

This site uses empathic imaging as a way to design space intended to signal the promotion of human dignity. Cleveland Clinic intentionally designs physical space that makes virtual space for being, for engaging, for reflecting, and for knowing and loving. Promoting dignity goes beyond respecting basic human rights (Bertland, 2009; Sayer, 2007; Sen, 1999b; Shivarajan & Srinivasan, 2013) and beyond looking at human beings as a means to an end (Donaldson, 1996; Melé, 2012). It involves opportunities for people: to experience feelings (Melé, 2014; Sandelands, 1998); to engage in expression and the creation of their own lives (Barry, 2007); to persist in thinking of what they are doing through conscientious reflection (Shahinpoor & Matt, 2007); and, to learn and grow (Phillips & Margolis, 1999). These opportunities encourage the realization of one's dignity and of human flourishing (Acevedo, 2012; Melé, 2005; Shivarajan & Srinivasan, 2013). Sandelands states that, "real being is always imperfect; about it there is ever a hint of something more, of changes to come" (2014: 1). In other words, as humans, we are ever a possibility or way of being, while also an object of that being. What feeds our mind, our body, and our spirit allows us to be more human. And what influences this is that which affects how we think, how we feel, and how we act, including forms of relating as well as signs and symbols from the physical space. Dignity has been argued to be partly consciously and partly unconsciously signaled through the body and in our bearing (Sayer, 2007). In *Summa*, Thomas Aquinas (1265) discussed the dignity of the human person as participation in the divine through his/her spiritual soul. A person is the integral unity of the body and spirit (or soul). He wrote that what can influence the psyche can influence the soul and nothing gets to the mind without first going through the senses. Acevedo further speaks of knowing objective reality by means of the senses as a person interacts with the world (Acevedo, 2012).

Prior to moving on to implications for future research and limitations of this study, we highlight one piece of art from Cleveland Clinic's collection, the meaning of

which succinctly sums up the way this site's space signals the promotion of dignity. Just inside the main entrance sits a sculpture. It is the shell of a faceless person, sitting on a bed of rock. The person is made out of random stainless steel letters. The artist, a Catalan named Jaume Plensa, says of the letters, "probably one of the only elements that make us human beings is the possibility to talk and to express our ideas through our words, I guess words are a beautiful metaphor of the human condition" (Cleveland Clinic, n.d.). In further describing his intent, he talks about the many nations and cultures from which patients come to the facility; yet, in this diversity there is a shared humanness. He says, "we are all people... and our bodies are very similar and our souls as well" (Cleveland Clinic, n.d.). In response to his piece, the Curator and Executive Director of the Art Program says, "what he is working towards is exactly the kind of feeling we want when people walk through Cleveland Clinic, reflecting on humanity so that you think of every man and every woman in some way; to welcome you in, make you feel at home, and really give you some sense of place" (Cleveland Clinic, n.d.). In these and other individual forms of perception, the sculptor invites organizational members to sense, reflect, and incorporate its meaning into one's purpose at the organization and in the world. It, along with the physical space and its designed sensory elements, is intended to broaden one's understanding, meaning, and purpose. It is no longer only about a doctor appointment, or accompanying a loved one to a medical procedure, or transporting a patient here or there, or working on a customer service issue. The intent of this piece calls an individual to conceptualize and to connect their being with all other humans who share the experience of being in this space.

The intent to design physical spaces that signal the promotion of human dignity acknowledges the potential for positive outcomes for end users as well as for the organization itself. Ananth (2008: 215–252) points out, "aesthetically pleasing design has provided not only a competitive edge but has become a solid

contribution to improving patient and staff satisfaction”. Rindova and Petkova (2007) explain how product form design may increase customers’ perceptions of the value potential of a new product by triggering positive emotional and cognitive responses. Rafaeli and Vilnai-Yavetz (2004) extend this reasoning, arguing that people make inferences about organizations based on the objects that they produce and/or associate with, and that these inferences trigger positive or negative emotional responses.

Thus, the affective influence of spaces designed with the whole person in mind yields not only the potential for end user experiences characterized by a sense of recognition and respect for them as people (not just patients, family members, or employees), but also reinforces the organization’s brand as a care-based institution with patient-centered and humanistic values. The process by which this intent is carried out is itself a reflection of the organization’s mission. It presents a point of reference for planners and designers to exercise their judgment based on their expectations of others’ needs. It underpins the objective of the space (in which all employees, no matter their role, are considered caregivers), providing alignment with and clarity about the organization’s mission.

The agency afforded planners and designers during the design process is enacted largely through the opportunity to imagine scenarios based on an empathic understanding of users’ needs. Through the use of empathic imagining as an affective design practice, in comparison to traditional cognitive planning and design practices, participants are imbued with the opportunity to connect on a compassionate as well as creative and innovative level. This opportunity emphasizes planners and designers individually as responsive to the needs of users as well as responsible for creatively imagining all possible scenarios that would appropriately achieve that response. Empathic imagining engages planners and designers as creative participants in the planning and design process and as

representatives of their organization's stated humanistic mission and values. This creative and agentic participation affords a certain recognition and respect to the planners and designers involved in the design process, entrusting them as competent contributors with the wellbeing of others while appreciating their capacity for compassion as well as innovation to devise creative solutions through practices such as empathic imagining.

The view of organizational representation can be expanded from the participants in the planning and design process to the physical spaces themselves. Berg & Kreiner (1990: 42) discuss this reflective capacity of the environment itself. They say, "when seen in a symbolic perspective, buildings and other physical artifacts take on a new meaning that does not lend itself easily to pure instrumental explanations. In this perspective, buildings may be seen as symbolic artifacts that reflect (and as such may inform us about) some basic traits of the organization inhabiting them". The physical environment of Cleveland Clinic reinforces its brand not only in the affective components that define it, but also in the unmistakable level of intention with which each component was designed.

3.7 Implications and limitations

This qualitative study demonstrates the experiences that contribute to designing physical space with the intent to signal the promotion of dignity. Yet, we did not interview patients, family members, or other organizational employees who were not part of that planning and design process. Therefore, the perception of the physical space is only ascertained through the descriptions of the planning and design employees themselves and their perceived feedback from others. Therefore, one limitation is that our research design was set up to only evaluate

one side of the nonverbal communication, mediated by symbols, that occurs between planning and design team members and users. As the process of planning and design was the primary topic of this study, we consider the absence of direct impact data extraneous to the study's focus. Still, this does present the implication for future research to collect impact data and assess the users' perception of the space, including what users interpret as humanized space. Equally as necessary are studies that evaluate the translation of the non-verbal conversation between intentions in planning and design and the perception of users.

Another, perhaps more significant, limitation of this study is in the specific perspectives of the informants themselves. Employees involved with planning and designing the physical space were asked about their own experiences of the space and the design process, their responses were taken at face value as representing their true feelings about the physical space. The fact that informants are employees whose roles and expertise are at least partially dedicated to the design and perceived outcomes of the physical space, it is noted that their opinions of that space are potentially more subscribed to its importance and positive impact than if they were not invested in these ways. We acknowledge this inherent confirmation bias and consider it integral to the process of designing physical space with the genuine intent to successfully meet the physical, cognitive, and spiritual needs of end users.

A hospital is an obvious institutional choice to demonstrate the practice of empathic imagining in that it is built to respond to the physical and emotional needs of its users (patients, families, and to a lesser extent, employees). However, we wish to emphasize that the practice of empathic imagining is not limited to the design of physical spaces nor is it limited to a health care context. Empathic imagining engages the capacities of participants in any type of design or planning

process to deeply consider and embody the cognitive, affective, and physical experiences of others and creatively project alternate realities in which those experiences are managed. While the context of this study involves the design of physical space within a healthcare environment, we specifically refer to it as a creative design practice and do not expand on the outcomes (positive or negative) it may yield, thus emphasizing the usefulness of the practice in any context. We do argue that choosing an affective-cognitive practice, such as empathic imagining, rather than a more traditional cognitive one is presented as a way to embed humanistic intent into an established design process, no matter what the end product may be.

This study is based on a positively deviant example of designing humanistic space. As such, it focuses on the dynamics within a single organizational setting rather than offering a comparison to multiple sites (i.e. multiple healthcare systems with different practices). Additionally, grounded theory is not perfect and has undergone recent criticism (Thomas & James, 2006). While this method has yielded rich qualitative data, the lack of comparison to other sites does present a final limitation that we must acknowledge. While not generalizable as such, the depth of conceptualization and model development that this method has provided is well worth the tradeoff of lacking comparative rigor. It also presents a ripe opportunity for future studies to address comparisons to other healthcare systems, which we look forward to exploring from many comparative angles, contexts, and perspectives.

3.8 Conclusion

With this paper contributions include: the outcome of humanistic space that signals the promotion of human dignity; and, the definition of a design practice, termed empathic imagining, that may be used to envision future space. By doing so, we have begun to break down the resistance to anything other than formalistic design and the entrenched dogmas that support this singular, dominant view (Sternberg, 2010: 236). We have done so by offering rich supporting evidence from a longitudinal qualitative field study of a positively deviant organization. Our findings point to design practices that inform creative, innovative, and compassionate decisions about workplace environments. We examine humanistic approaches to design as participatory processes celebrating the whole person with emotional, spiritual, as well as physical needs to attend to. This intent instills in the process an emphasis on, and recognition and respect for, the essential being (human nature) of the end user. We point to this ingrained appreciation as integral to the process of signaling the promotion of human dignity. This is accomplished by designers empathically imagining the needs of the users, thereby relating to them as fellow humans, rather than from the perspective of their subscribed roles. This study contributes to the literature on workplace design practices, humanistic management and design, and the growing body of positive organizational scholarship that points to intentional ways to promote positive organizational life through greater understandings of humanistic and social design.

Chapter 4: Promoting Relational Coordination through Stories: The Case of Hagar International

4.1 Introduction

In this paper, data from a single case study is analyzed to extend our understanding of the quality of communication that supports the theory of relational coordination (Gittell, 2011). With this analysis, propositions for future deductive research are made that include: 1a) the feeling of social life conveyed through stories enables knowledge to be recalled more easily; and, 1b) the feeling of social life conveyed through stories enables knowledge to be recalled for longer periods of time; 2) stories, as a form of communication, support stronger connections between roles than other forms of communication; 3) affirmative possibilities that align with the shared goals of the organization are more likely to be implemented than those that do not; and, 4) stories that enable empathy are more likely to support mutual respect.

Relational coordination theory makes visible the humanistic process underlying the technical process of coordination (Gittell, 2011). It does so by highlighting the inter-subjectivity of the process, which is dependent upon the quality of communication and quality of relationships among participants. The theory of relational coordination is unique from other coordination theories in five distinct ways. First, relational coordination theory focuses on work processes. Second, the quality of relationships is based on three distinctive elements, which include shared goals, shared knowledge, and mutual respect. Third, the relationships exist between roles and not individuals. Fourth, relational coordination theory explains how relational forms of coordination influence quality and efficiency outcomes, and this influence is dependent on the nature of work. Finally, relational coordination theory explains how formal organizational structures can be designed to support relational forms of communication (Gittell, 2011: 30).

Advances to relational coordination theory have predominantly focused on the quality of relationships. For example, Gittell and Douglass (2012) showed that organizational forms can facilitate positive relationships among customers, workers, and managers. Additionally, Gittell, et al (2006) showed that accepting short term costs from excess staffing levels in the face of adversity strengthens human relationships and creates coping resources. While these advances have accomplished much to extend the quality of relationships component of relational coordination theory, the quality of communication component has lacked attention. Research on the quality of communication has focused on frequency, timeliness, accuracy, and problem-solving (Gittell, 2011).

Yet, the storytelling literature reveals that stories in organizations function to make sense of events, introduce change, and gain political advantage (Boje, 1991) and have been used to articulate vision (Bass, 1990) and share knowledge across differences in understanding (Barley, 1986). The main effect of language is the meaning and ideas that it conveys. With stories, this occurs through the forms of syntax, plot, and characters (Santayana, 1900: 103). Santayana goes on to outline each of these elements. Syntax represents the arrangement of words and sentences. Langer (1953: 281–289) builds upon this in discussing the process by which words are and are not chosen. She explains that syntax provides a specific image, one that expresses an intentional human feeling and a window onto a certain nature of human life. Santayana continues with plot, which represents the synthesis of action and the ethos underlying this action. The character is emphasized psychologically with traits and physically with embodied form. Additionally, Sandelands and Boudens (2000) have spoken of four other forms that stories share with art to represent life and feeling. They are boundaries, dynamic tensions, growth (movement), and possibility. These authors explicate each of these forms. Boundaries distinguish the story from other elements in the flow of communication with a distinct beginning and end. Dynamic tensions capture the

listener and elicit curiosity about what will happen next and how the story will turn out. Growth of a story represents the pathway for the tension to grow and eventually be released within a specific frame of time. And possibility represents the remaining questions and unresolved issues to ponder.

By focusing on stories through the evaluation of the seven elements just described, our knowledge of the qualities of communication (e.g. frequency, timeliness, accuracy, and problem-solving) that in turn affect the quality of relationships (e.g. shared knowledge shared goals, mutual respect) between roles is extended. With this grounding in relational coordination theory, this extension is addressed with the following research question: What new qualities of communication emerge from the use of stories that in turn affect the quality of relationships—based on shared knowledge, shared goals, and mutual respect—which occurs between roles? To investigate this research question, the single case (Yin, 2009) of Hagar International is used as this case is a rich, real-world context (Eisenhardt, 1989) that pervasively uses narrative stories to support its primary work process in attainment of its mission. The research question is well suited to inductive theory building due to the ability of qualitative data to offer insight into new qualities of communication that may emerge from the use of stories, which quantitative data would not easily reveal (Eisenhardt & Graebner, 2007). This study is tightly scoped within the existing frame of relational coordination.

4.2 Methods

The research was pursued inductively using a single case study. Hypotheses or theories were not generated prior to the research effort, given this inductive nature. A case study was well suited to the goal of extending theory where little

data existed (Eisenhardt & Graebner, 2007; Yin, 2009). Theoretical sampling was used to select the case of Hagar International and build the case from three sources of information including: open-ended interviews conducted from August through November 2013 (see Appendix 4A-4 at the end of this dissertation for the interview guide used); archival data supplied by the organization; and, publicly available documents, reports, press releases, media coverage, and video. I interviewed fifteen informants that represented six different roles and five countries, thus insuring numerous and knowledgeable informants who view the use of stories within Hagar's cycle of recovery from diverse perspectives (Eisenhardt & Graebner, 2007). The roles included: social enterprise group directors; the CEO; board members; model of care directors; program coordinators; and, marketing officers. The global representation included: Afghanistan, Australia, Cambodia, United States, and, Vietnam. The initial research objective was to descriptively explore how Hagar International coordinated its work process in fulfillment of its mission. The objective was consistent with research on relational coordination (Gittell, 2006, 2011; Gittell & Douglass, 2012), which led to the expectation of a high degree of support for research on high quality relationships. The data indicated instead a high degree of quality of communication through the use of stories, thus providing the opportunity to extend the theory of relational coordination.

Informants were briefed beforehand as to the nature of the research. Semi-structured individual interviews, led by an interview guide were used. There were three main sections to the guide. First, questions were asked regarding the organization's mission and the processes towards its fulfillment. Second, informants were asked about the use of stories and the stories themselves. The final section focused on boundary spanning within specific cultures and across international borders. Informants were given freedom to move in the direction they chose based on the questions being asked which was supplemented with

probing questions to flesh-out details. Interviews were conducted via Skype and lasted an hour on average. Interviews were transcribed immediately following their conclusion and notes were taken that same evening. Continuing conversations with one key informant to gather further insight as questions arose and the theory extension was developed were also maintained.

Data was analyzed according to the direction of traditional inductive analysis approaches (Glaser & Strauss, 1967; Miles, 2014; Yin, 2009). Hagar's use of stories as a form of communication within its primary work process, the cycle of recovery was analyzed. The way stories affect the three qualities of relationships: shared knowledge, shared goals, and mutual respect at each stage of the process were then analyzed. Making full use of the quotes from the transcripts, early categories were developed. Quotes were compared with what other informants said as well as with the archival and media sources, thereby clarifying and confirming emergent themes. "Why" was frequently asked when further shaping emergent themes and these findings were compared to the literature, seeking both supportive and contrary points of view. This process of analysis was followed until a point of saturation was reached.

4.3 The case of Hagar International

4.3.1 History

In the 1980s, Pierre and Simonetta Tami evaluated whether their lives and careers in the corporate world were enabling them to live a life in which they really believed. Directed by their Christian values, they changed directions and left their

business careers, wealth, and secure Swiss lifestyle to dedicate their talent and energy to the idealist purpose of changing the world for the better. At a conference in Asia, they learned about the human challenges of poverty and suffering in South East Asia, particularly in Cambodia and Vietnam. After visiting Cambodia in 1990, Pierre contracted malaria and was on his deathbed. He interpreted his survival in terms of his Christian faith and says, "I understood the reason why God allowed me to go through this so that I can comfort others".

In 1994, Cambodia was facing the aftermath of decades of civil conflict. Only three years prior, in 1991, the country had signed a comprehensive peace settlement, the Paris Peace Agreement (UN Office of the High Commissioner for Human Rights, 2011). Even though the country had made considerable progress in rebuilding institutions and in establishing political and macroeconomic stability, entrenched cultural and societal norms continued to contribute to an environment where women and children were trafficked, abused, exploited, and abandoned (Academy for Educational Development, 2001). Specifically, uneven economic development; corruption; discrimination and gender inequality; increasing scarcity of fertile agricultural land; natural disasters; debt pressures; inadequacy of safe and legal avenues for migration; and, increased tourism were the primary causal factors that contributed to human trafficking patterns (UN-ACT, 2014). In a trafficking estimate report for the United Nations, Steinfett says: "The history of any country affects its present, both through the individual and collective memories of its people and through the cultural artifacts that serve as reminders of earlier periods. The single most important historical period during the past century in shaping the Cambodia of today is that of the Khmer Rouge from 1975 to 1979. As a result of the chaos during and following this period the current sex industry arose in an uncontrolled fashion in the 1980s and 1990s that allowed trafficking to flourish" (2008: 12).

With the goal of rehabilitating trafficked and abused women, Pierre and Simonetta Tami founded Hagar in 1994 by opening a shelter for women and children in Phnom Penh. This organization eventually developed into Hagar International, which is today a global Christian organization, registered in Switzerland that operates commercial and non-profit entities and engages in private and public sector partnerships in pursuit of its mission. Hagar International offers programming in Afghanistan, Cambodia, and Vietnam, with support offices in Australia, New Zealand, Singapore, Switzerland, the UK, and the United States. Hagar International is led and controlled by a Board of Directors that collectively ensures delivery of its objectives, sets its strategic direction, and upholds its values. The organization is named for the woman from the story in Genesis 16:21, whose Hebrew name, Hagar, means “one who flees” or “one who seeks refuge” (See Appendix 4A-1 at the end of this dissertation for the story of Hagar from the Bible).

4.3.2 Mission, vision, and values

Hagar International’s mission is: “whatever it takes for as long as it takes to restore a broken life” (see Appendix 4A-2 at the end of this dissertation for the Hagar Mission Statement). The organization welcomes the toughest of human conditions and stays focused on the individual. The organization’s purpose is to nurture hope, healing, resilience, dignity, family, and community in all who are involved with the organization, including: donors, partners, staff, and clients, in hopes that each participant experiences transformation. As an organization, Hagar International is responsive to injustice and alienation among individual women and children, for whom services are provided without discrimination on the basis of religious beliefs, race, gender, culture, social position, or nationality. Through

social programs, commercial businesses, and partnerships, the organization ensures high quality services including: health care, legal support, psychosocial support, education, family services, training, and employment.

Hagar International's core values emerge from the Christian tradition of restoring life to the abused, rejected, and exploited. The values motivate, inform, and set limits to actions as members of the organization pursue the mission. The members realize these values through consistent and thoughtful choices, both individually and collectively. The practice of Christian commitment is clear and evident, yet not evangelical or coercive.

4.3.3 Cycle of recovery

Hagar International practices a cycle of recovery that the organization believes makes up a whole individual. The cycle begins with personal transformation, moves to community reintegration, and then to economic empowerment. This cycle, successfully implemented, is thus a mechanism that affects the societal problem of inequality and injustice.

Personal transformation is thought of as the stage where abuse ends and hope (and personal resilience) begins. Hagar International begins by protecting each client with services such as: helping a woman or child secure identity cards and birth certificates, helping a woman or child understand his or her rights, pursuing legal action, or testifying in a court case. Hagar International works with governments and partner organizations to ensure the protection of the women and children in its care and trains police and civil society in how to respond. Once a client is physically safe, healing of the integrated, whole person begins with a highly individualized and trauma-informed intervention that baselines and measures physical and psychological progress and nurtures spiritual

transformation. Surviving is not considered enough. Hagar International offers community-based recovery services, intensive post-trauma counseling, 24-hour house mother support, help with medical needs, art therapy, dance, sport, life skills training, and other opportunities to develop self-worth, resilience, and confidence. Becoming whole is considered unique for each person.

Community reintegration is the second phase of the cycle. In this second phase, safety concerns are addressed and perpetrators are at times prosecuted. At this stage, it is taught that rejection ends and belonging to a caring community begins, as it is thought to be crucial to becoming whole. Hagar International assists women and children in successfully integrating into the community of their choice by reconciling or reconnecting with family or finding a loving foster home. By working with families, friends, churches and communities, Hagar International creates a healthy, safe and supportive environment for women and children to go home and live happily among loved ones.

The third step is economic empowerment. In this third step, exploitation ends and a productive life begins. Most women and children come to Hagar International with little or no education. Hagar International provides early childhood education and formal schooling and scholarships for collegiate-level education. Women receive literacy education and vocational skills, career counseling, and on-the-job training. To provide vocational training Hagar International maintains a social business investment portfolio and collaborates with a wide variety of private sector partners. By providing education and employment opportunities for women, Hagar International empowers each woman to grow in confidence and provide for herself and her family with dignity. Through education, children have choices and opportunities in the future.

Financial independence brings a lot of dignity. It is not just about a pay check, but about individuals having the opportunity to take control of their futures, build

their confidence, express themselves, and form meaningful relationships with a wider community. It is a time to support oneself and build social capital. Many women and youth from Hagar International's programs have no work experience and are still recovering from past trauma. To this end, Hagar Social Enterprise Group partners with and invests in local social businesses that provide meaningful training, employment, and career progression opportunities in a safe and supportive work environment. Thus, Hagar Social Enterprises are an important stepping-stone on the journey.

4.4 Findings

Narrative stories are pervasive within Hagar International (see Appendix 4A-3 at the end of this dissertation for sample client stories). Stories are shared between clients, staff, board members, and the public; and, through the modes of: conversation, email, web, newsletters, monthly reports, annual reports, Skype calls, and board meetings. The purpose of the stories is to connect partners in advancement of the mission (Hagar International, 2011). On the use of stories, Leonard³ said, "within a day of being there, you hear the stories." While Peter explained, "there is a culture of storytelling in the organization. You see it in any donor visit and meeting. We use stories to convey the issues we are grappling with and the successes we are celebrating. Many of us are drawn to this storytelling. The stories inspire in ways data cannot." Many informants contrasted the alive and compelling nature of stories to reports and other non-glamorous communication.

³ All informants have been given pseudonyms to protect anonymity

Informally and internally, stories are shared all of the time. They are referred to as the DNA of the organization (Harold, 2012) and are believed to be a deliberate part of Hagar International's approach. They are used during all three phases of the cycle of recovery to broker relationships across various borders. During the personal transformation phase of the cycle of recovery, stories are used to help organizational members work with governments and partner organizations to ensure the protection of the women and children in their care and to train police and civil society in how to respond. During the community reintegration phase of the cycle of recovery, stories are used to help organizational members work with families, friends, churches and communities to create a healthy, safe and supportive environment for women and children to go home and live happily among loved ones. And, during the economic empowerment phase of the cycle of recovery, stories are used to help organizational members provide vocational training and collaborate with a wide variety of private sector partners. The stories are thought to enable understanding (Megan, 2012), to foster learning and growth (Susanna), and, to build relationships. As the organization is spread all over the world, there is an internal communications platform that allows employees to post stories that are meaningful to them (Amanda, 2012). To work through sticky situations, employees have the opportunity to tell their own stories to previous clients, colleagues at other NGOs, and colleagues from World Vision. For one board member, stories serve as a connection to the field, which keeps her motivation high and beyond simply raising funds (Eva, 2012).

The mission of the organization is reinforced by the story from which the organization is named. The story of Hagar, the woman from Genesis 16:21, serves as an empathetic way for employees to understand and connect with moments of despair and hopelessness, and in these moments, to hear the voice calling out and then act to restore faith and hope. This story also serves as a model for survivors to "bear the scars of the past. But they are scars, and no longer open wounds. She

is not ashamed of her story. Because it is her story of hope that drives her and makes her stronger” (Hagar International, 2012a).

In the telling of stories, Hagar International is strategic about *syntax*, the language and word choices that make up what is spoken about. The organization’s Guidelines for Branding Strategy and Design (Hagar International, 2012a) and International Communications Policy (Hagar International, 2011) list specific do’s and don’ts in this respect. For example, the organization does not use the word ‘victims’ but does speak of ‘survivors’; and, does not speak of ‘mentally different, physically inconvenienced, or physically challenged’ but does emphasize abilities. The organization focuses on ‘possibilities’, ‘hope for the future’, and the ‘unbelievable becoming reality’. Those who share the passion for the mission are encouraged to, ‘stare brokenness in the face’, which leads to ‘wholeness’ and then to ‘hope’. The organization avoids labels including ‘trafficked’, ‘abused’, or ‘exploited,’ to describe clients, as this type of labeling is thought to encourage dependency and convey a lack of dignity. Hagar International aims to ruthlessly adhere to integrity, an image of dignity, and to avoid that, which may compromise dignity. The organization avoids sensationalism and defeat. On this Susanna said, “we shy away from gaps and negatives. They are not seen as a failure per se, but as an opportunity to do better.” To become whole, women and children write their stories in an appreciative tone, using language that supports who they are and who they dream of becoming.

In addition to specifying what is said, the organization also defines how stories are told, and in this way, the *plot* is somewhat directed. Survivor stories are real in that the stories are honest. The *dynamic tensions* are messy and raw and include the whole story, even the dark and uncomfortable parts. While the stories are not sensationalized, they are also not safe and may even be uncomfortable due to the story’s truth. The *growth and possibility* is evident in how far the storyteller has

progressed from the *dynamic tension* presented and contain *possibilities* that are always hopeful and aimed at restoration towards wholeness. And, the stories evoke a sense of urgency in the way they draw people in and invite them to participate and share in the hope.

With survivors, employees are taught to instill confidence, encourage story sharing, teach eye contact, and foster resilience against all odds. On storytelling, the organization believes that each story belongs to the storyteller (*character*), is worth hearing, has value, and can spark change. Leonard described the transformation of an individual through storytelling as, “Telling his or her own story is part of the trauma model. It allows them to come to terms with their own tragedies and things that have happened. It may be revealed through art, through telling, or through writing. Some even share with donors and young mentees. It allows them to relive what they have been through and see that they have healed and that it has not broken them.” Additionally, storytellers are taught that the end of the story, the *possibilities*, is unwritten and can be anything the writer dreams. Singha illuminated, “we focus on the strengths and allow the client to tell their story in a safe way, in a therapeutic way, so that we are always building the client’s self-esteem, their hope, and their resilience.” The stories of survivors can be found on Hagar International’s website and in every print document.

4.5 Discussion

In the findings, how stories are used throughout Hagar International, what the organization’s stories do and do not contain, and the reasons why stories are told between stakeholders has been illustrated. In the following section, how this use of stories, within the theoretical frame of relational coordination, reinforce and

are reinforced by the three attributes of relationships—shared knowledge, shared goals, and mutual respect—which in turn support the highest level of coordination is descriptively illustrated. By doing so, propositions for future deductive research to test these hypotheses are suggested. The propositions are induced from the presence of the phenomenon in the data listed in the previous section and included in the appendices.

4.5.1 Shared knowledge

Shared knowledge in relational coordination refers to participants seeing how their specific tasks interrelate with the whole process. With the case of Hagar, the stories that have the most influence on this quality of relationships are those shared between operating stakeholders (e.g. employees, volunteers, board members, external stakeholders). In Hagar International's operations, there is a constant tension between identifying individual needs and utilizing best practices, and between adapting to the local context and adopting governance. The organization was founded in a deep-seated understanding of a context of place. As Hagar International replicates its model, the international organization is challenged with a global culture that is contextualized for each location. Therefore, the whole process that specific tasks relate to is constantly evolving. Even so, the core process, the cycle of recovery, remains the same.

In respect to the cycle of recovery, there is an adherence to always do better by evaluating the past, learning, and improving. In addition to feedback loops, internal review, and external benchmarking, the organization models its internally shared stories off of lessons learned and a brighter future. Operational stakeholders utilize the story telling forms of *dynamic tensions*, *growth*, and *possibility* to enable learning, bridge relationships across international borders,

and open up possibilities to try new approaches. The main *character* is the storyteller and the *plot* tension is focused on a specific task that did not yield the desired outcome. The *growth* and *possibility* are strongly reinforced by Hagar International's mission, a focus on hope and promise that restores life to its fullest.

The way that stories capture the feeling of social life (Langer, 1953; Sandelands & Boudens, 2000) enable them to communicate more fully the task at hand. Stories offer deep insight into significant yet invisible realities, such as feelings, people's sense of meaning, and subtleties of relationships. For example, the third stage of the cycle of recovery is economic empowerment. Hagar International provides survivors with education and job training to prepare women to succeed on their own. The organization additionally negotiates with employers to hire these women as employees. In the negotiation, one woman's story of hope communicates the feelings of resilience, perseverance, and determination that embed her life story, which a résumé would not convey. As the informant Harold said, "The compelling nature of the stories tends to draw in people. Hagar's real expertise is hearing people from very damaged backgrounds be able to go into marketplace employers and at the same time, to help market place employers integrate Hagar individuals" (2012). By the nature of sharing the felt form of social life, stories have a salience that fact sheets alone do not contain. This salience penetrates the listeners mind and heart and remains there to be recalled later. For the sample, this was very clear in the responses to: "tell me a story of a time when..." which was almost always responded to with, "Oh gosh which one, there are so many." I therefore propose that:

Proposition 1a: The feeling of social life that is conveyed through stories sustains the knowledge shared for longer periods of time than knowledge shared in other forms of communication.

Proposition 1a-null: The feeling of social life that is conveyed through stories does not sustain knowledge shared for longer periods of time than knowledge shared in other forms of communication.

Proposition 1b: The feeling of social life that is conveyed through stories allows the knowledge shared to be more readily recalled than knowledge shared in other forms.

Proposition 1b-null: The feeling of social life that is conveyed through stories does not allow the knowledge shared to be more readily recalled than knowledge shared in other forms.

Proposition 2: A story, as a form of communication, supports a stronger connection between roles than other forms of communication.

Proposition 2-null: A story, as a form of communication, does not support a stronger connection between roles than other forms of communication.

4.5.2 Shared goals

Shared goals in relational coordination refer to goals that transcend participants' specific functional goals. In the case of Hagar International, the broadest organizational goal is to promote human dignity and "restore life to its fullest". The organization defines dignity metaphysically as, "each person is an image bearer of God Himself and of equal worth in the sight of God" (Hagar International, 2010). And, "[b]ecause every life is created in the image of God, with intention and purpose, each survivor is worthy of being treated with equality, unconditional love, and quality service" (Hagar International, 2012a). Dignity is spoken about in the International Communications Policy, Annual Reports, and all other internal and external communication.

While Hagar International stakeholders understand, can articulate, and are directed by dignity, identifying the individual needs and potential of each survivor, as well as nurturing a journey towards resilience and promotion of this dignity, is not an obvious or clear-cut path. It comes with challenges. In spite of these challenges, the social story, which is driven by the shared goal to promote dignity, is the top listed success factor in Hagar International's roots, market penetration, brand building, and portfolio management. Scholarship has informed us that stories play a role in how people make meaning of their lives. Stories express perceptions of the past and hopes for the future. Bauer et al. (2008) have theorized that narrating life in ways that emphasize growth and transformation are predictive of an enduring and positively meaningful life. This is particularly fitting for the survivors of Hagar. Their goal is individual dignity, the ideal state of which is flourishing. Thus, it stands to reason that stories with affirmative possibilities support achievement of this goal. The stories do so by allowing the storyteller to believe, but also in sharing the story, by allowing others to believe as well. This builds upon the social constructionist principal that our real world

becomes the world we communicate through words and language (Barrett, 2005; Gergen, 1997; Sarbin, 1986).

Proposition 3: Affirmative possibilities that align with the shared goals of the organization are more likely to be implemented than those that do not.

Proposition 3-null: Affirmative possibilities that align with the shared goals of the organization are not more likely to be implemented than those that do not.

4.5.3 Mutual respect

Mutual respect in relational coordination enables participants to overcome the status barriers that might otherwise prevent them from seeing and taking account of the work of others. Mutual respect is reliant on empathy, the capacity to receive and understand the emotional state of others, their perspective, and what they would like to have happen next (McLaren, 2013). Susanna discussed the reality of providing care to the individuals that Hagar International serves by saying, “It is messy, and dirty, and complicated, and there is no cookie cutter answer. I love that we take the time to show clients they are important, everything about them is important, and getting them there is an individual journey. But it is really hard and time consuming.” Sheila described the empowerment and autonomous aspects of dignity in the following ways: “you think about these individuals who are not able to say, ‘No!’... and you teach them, yes, you have a voice, yes, you can say, ‘No!’, yes, you have control of your life”. And using dignity as a way to relate and connect to the women and children Hagar International serves, Michael says, “God created us in his likeness. Because God

created me, I have value. It helps me connect with the women and children and keeps me from getting into the mindset of, 'Oh, poor them, let me come in and save them.' I am next to them, not above them. I walk with them. And my connection on this level enhances my dignity." I abstract upon the way that Hagar International uses dignity to foster equality and mutual respect with my fourth proposition:

Proposition 4: Stories that enable empathy are more likely to support mutual respect.

Proposition 4-null: Stories that enable empathy are not more likely to support mutual respect.

4.6 Limitations and implications

The primary limitation to this study is that it is a single case study. It functions as a distinct experiment, so to speak, and is its own unit of analysis. The research has been framed within the context of the existing theory of relational coordination, and built upon this theory by supporting its extension with rich qualitative data. Qualitative data provided insight that quantitative data may not have easily revealed. Yet, the findings are not generalizable nor are they tested. This provides the implication for future research to deductively test the propositions proposed and complete the cycle of inductive theory building – deductive theory testing. This will account for the possibility that the findings from Hagar are simply idiosyncratic.

Second, the case of one not-for profit has been featured and thus the method also lacks a representative sample. This offers another implication for research, which is to conduct a multi-case study that seeks to further extend this theoretical advancement. As relational coordination is commonly applied to and studied in healthcare settings (Gittell, 2002; Gittell, Seidner, & Wimbush, 2010), there is a modern day opportunity to evaluate the transition from paper charts to electronic medical records within the healthcare industry. As this transition occurs, the recording of pertinent medical information is changing (Berg & Goorman, 1999; Montgomery, 1991). Paper charting tends to be long hand, free form, and include narrative lead-ins such as, “I have a patient who...” or “I witnessed this patient...”, whereas electronic medical record data entry tends to be abbreviated, concise, and lack narrative elements. Therefore, a future research question ideal for a multi-case study may be, how is relational coordination affected when the form of communication changes?

A third limitation is that Hagar is an exemplar case. Research on stories as a contributor to relational coordination needs to be validated against counter-examples. Accompanying research questions include: are there situations when the use of stories does not facilitate relational coordination? What do these situations look like? What is unique about them?

4.7 Conclusion

Research on the quality of communication within relational coordination theories has focused on frequency, timeliness, accuracy, and problem-solving (Gittell, 2011), but has not focused on form. With the illustration of the single case of Hagar International, a contribution to the theory of relational coordination has

been made by expanding understanding of the use of stories as a form of communication. The way this form reinforces and is reinforced by shared knowledge, shared goals, and mutual respect has been explicated and propositions for future deductive theory testing research have been proposed.

Chapter 5: Conclusions and Future Research

5.1 Conclusions

This monograph based on three manuscripts has endeavored to examine the promotion of human dignity in organizational life. This final section is dedicated to the synthesis and extension of the findings and conclusion of the three preceding papers. It does so by focusing on the promotion of dignity in the pursuit of phronetic wisdom aimed at the common good, which ultimately advances the field of humanistic management. Implications for management and practice based on the entire body of work are discussed.

Human dignity, understood as the intrinsic value to human life, has been central to societal progress. Its promotion has achieved equality, freedom, and the greater good of individuals and the organizations and institutions that these individuals comprise (Kateb, 2011). Yet, management research has neglected the notion of dignity in great part due to the mechanistic and utilitarian views that have been so widely adopted (Guillen, 2006). As Pfeffer (2005) stated, “The idea that management practices such as layoffs and restructurings, not offering medical benefits, sick leave, or even paid vacation, long work hours, bullying verbal abuse, and leaving people with little control over their work with very limited job autonomy, can have seriously harmful effects on employees’ physical and psychological well-being is at once widely acknowledged but largely ignored.” Humanistic management seeks to reverse this trend by focusing explicitly on dignity as the foundation for all activity in organizing and organizations. A network of scholars known as the Humanistic Management Network exists to uphold humanity as the ultimate end and key principle of all economic activity (Humanistic Management Network, 2015). This pursuit requires phronetic wisdom on the topic of dignity that includes *knowledge*, *experience*, and subsequent *judgments* based on this knowledge and experience. This dissertation contributes to this conversation by advancing each of these three components.

Wisdom in classical times was defined as the ability to make the right use of knowledge, or the capacity to judge rightly in matters relating to life and conduct (Rowley, 2006). In *The Analects*, Confucius (2013 *translation*) says wisdom entails righteousness, and that the wise person studies and knows the Way (Tao), but also that knowledge must be combined with action. In his *Nicomachean Ethics*, Aristotle (2004 *translation*) identified three types of wisdom: *sophia*, the introspective search for truth, *episteme*, the scientific and rationally grounded kind of wisdom, and *phronesis*, practical wisdom measured by day-to-day effectiveness. *Phronesis* is the ability to deliberate about what is good and expedient regarding the conduct of a good life. The modern concept of phronetic wisdom includes three primary components: *knowledge, experience, and judgment*. Lewis Walker (2005: 32) links these well when he says, “wisdom is the special ability to receive inspired insights that enable one to develop creative solutions to specific problems, and to make good decisions. ... True wisdom goes beyond normal human intuition, and must have love and concern at its center, devoid of hidden agendas. The point of wisdom is to illuminate situations and to guide people to see and actualize higher goals for the greater good”.

Looking at the first component, a scholarly extension of the *knowledge* of dignity seeks to understand in a compassionate and loving way organizational realities from the point of view of the feeling, thinking, and embodied human at all hierarchical levels and within all organizational roles (Humanistic Management Network, 2015). The first paper of this monograph (Chapter 2) endeavored to advance this *knowledge* by clarifying the concept of dignity and integrating the management scholarship on the topic. Based on a bibliographic review, this paper revealed a diffuse and segmented scholarly approach. One main contribution to both scholarship and practice is the integration of this research in a robust conceptualization that includes a definition of dignity within the confines of organizational life. Additionally, this paper shows that even though the affirmation

of dignity is protected by organizational codes of ethics, codes of conduct, and business law, the processes for affirming dignity are lesser known and practiced. This paper therefore identifies specific processes that managers can adopt into practice, yet there is the implication for scholarship to extend and empirically test these processes and to correlate them with established organizational behavior measures such as engagement and stress. In the discussion of this paper, progressive points on an affirmation of dignity continuum are explored, from the reduction of indignity (doing less harm) to the promotion of dignity aimed at flourishing (doing more good).

While aligning business practices aimed at flourishing is self evident, management in practice has a distance to climb to work towards this end state. Nonaka and Takeuchi (2011: 3) recently argued the ability to manage and lead wisely has nearly vanished. They contend, “all the knowledge in the world did not prevent the collapse of the global financial system”. This is in part because our global economy seems to lack phronetically wise leaders who make informed *judgment* in times of constant change and uncertainty and who do so based on values and principles by balancing aspiration and experience with the greater good in mind. The lack of phronetic leaders is emphasized by management scholars, policymakers, and educators (Ghoshal, 2005; Giacalone & Thompson, 2006; Khurana, 2010; Mintzberg, 2005; Mintzberg & Gosling, 2002; Pfeffer, 2005; Pfeffer & Fong, 2002) who question the appropriateness of existing leadership development approaches and the assumptions underlying traditional management education, which in their view fail to prepare students and managers for the complexity facing business leaders today. One of these new demands is the expectation of stakeholders that corporations and their leaders address the environmental, economic, and social threats facing society and take a more active role as citizens in the fight against some of the most pressing problems in the world, such as poverty and human rights protection (Bansal & Candola, 2003;

Epstein, 2008; Hart & Milstein, 2003; Maak & Pless, 2006; Waldman & Galvin, 2008). Such engagement requires leaders to judge goodness (Nonaka & Takeuchi, 2011) in a dynamic and transformative multi-stakeholder environment and make decisions in light of uncertainty and complexity, and thus contest ideas as to what constitutes good business.

By adopting dignity into the leadership discussion, dignity refers to: valuing followers' self-worth by providing opportunities to exercise capabilities or to improve the circumstances of these followers. Leaders that place a priority on dignity mobilize constituencies to realize the organization's vision and shared mission. Providing opportunities to exercise capabilities includes, amongst others, furnishing resources and enabling strengths. Improving circumstances includes, amongst others, enabling positional growth in an organization, enabling positional growth in society, providing opportunities for education, and providing access to health. Leaders that prioritize the human side of management through the promotion of dignity are evident in papers two (Chapter 3) and three (Chapter 4) of this monograph. These leaders not only know what dignity and dignified treatment is, but also practice this knowledge with discerning *judgment*.

In paper two (Chapter 3), the leader of a world-class healthcare organization embeds the organization with the practices of empathy and care. This in part results in a positively deviant organization that achieves the outcome of humanistic space designed to signal the promotion of human dignity. Design has been defined in many ways. To list a few, design has been defined as: "Hope made visible" (Brian Collins); "Anything that God didn't make" (Alexander Isley); "A plan for action" (Charles Eames); "A plan to make something, for a specific purpose, audience, or user in mind" (Michael Bierut); "The act of giving form to an idea with an intended goal: to inspire, to delight, to change perception or behavior" (Clement Mok); "Art that people use" (Ellen Lupton); and, "The art of

making something better, beautifully” (Joe Duffy). There has been a push in the past decade for managers and leaders to function more as designers, and thus to possess a sensibility that shapes inspiring and energizing products, processes, and services (Boland & Collopy, 2004: 3). In the case illustrated in paper two (Chapter 3), planners and designers use a design practice termed empathic imagining that enables them to adopt a design attitude instead of a decision attitude.

Boland and Collopy distinguish a decision attitude, which is most commonly employed by leaders, from a design attitude. “A decision attitude toward problem solving is used extensively in management education. It portrays the manager as facing a set of alternative courses of action from which a choice must be made. The decision attitude assumes it is easy to come up with alternatives to consider, but difficult to choose among them. The design attitude toward problem solving, in contrast, assumes that it is difficult to design a good alternative, but once you have developed a truly great one, the decision about which alternative to select becomes trivial. The design attitude recognizes that the cost of not conceiving of a better course of action than those that are already being considered is often much higher than making the “wrong” choice among them (Boland & Collopy, 2004: 4). Designers do not accept the passive assumption that the desired alternative course of action is already at hand. They find the best possible solution, assume the invention of new alternatives, and believe it is part of their core responsibility. As Herbert Simon suggested, “The manager’s professional responsibility is not to discover the laws of the universe, but to act responsibly in the world to transform existing situations into more preferred ones” (Boland & Collopy, 2004: 8). Designers do this in a number of ways not least of which are constantly questioning basic assumptions and remaining open to various influences and directions along the way. In the case of Cleveland Clinic, the planners and designers questioned the basic assumption of the capacity of buildings to signal the promotion of human dignity. Frank Gehry (2004: 19) talks about the need to

be responsive to stakeholders, otherwise, the leader listens to the sound of one hand clapping, his own. And as Karl Weick says this, “[w]hether one is a designer of organizations or of physical structures, the trick is to add density to a skeleton while retaining the vigor, quirks, and visual charm of that skeleton” (2004: 43). These scholars all point to possibilities at hand when one endeavors to imagine. Through the practice of empathic imagining, the main contribution of paper 2 (Chapter 3 of this monograph), organizations are offered the opportunity to employ a design attitude in respect to capital and workspace design. In doing so, the organization *judges* goodness in a dynamic and transformative multi-stakeholder environment and makes decisions in light of uncertainty and complexity based upon dignity, compassion, and care. They thereby contest ideas in respect to what is healthcare. This practical *experience* encourages the adoption of a humanistic approach to design as a participatory process celebrating the whole person with emotional, spiritual, as well as physical needs.

Baltes and Staudinger (2000) argue that when wisdom is present, sound judgment and compassionate action is generated. Petrick et al (1999) additionally contend, “[e]xcellent global leaders (...) are able to understand complex issues from different strategic perspectives” (p60) and “exercise balanced judgment in strategic decision-making” (p65). They further say “[a] wise decision would, for example, consider the positions of various stakeholders and the consequences of action on all stakeholder groups, including future generations.” Nonaka and Takeuchi (2011) similarly suggest, “the world needs leaders who will make *judgments* knowing that everything is contextual, make decisions knowing that everything is changing, and take actions knowing that everything depends on doing so in a timely fashion” (p60). The third paper (Chapter 4) exemplified the *judgment* required in a complex and multicultural organization. In the case of Hagar International, the leaders and employees of this organization respond to injustice and inequality among individual women and children. The organization’s

strategic alignment may be considered an inclusive innovation as it reveals “the development and implementation of [a] new idea which aspire[s] to create opportunities that enhance social and economic wellbeing for disenfranchised members of society” (George, McGahan, & Prabhu, 2012). The new idea that Hagar International illustrates is *how* the organization successfully aligns their mission, vision, and values, with the promotion of human dignity as the central tenet. This alignment occurs through the use of stories. The forms of these stories *judge* each individual as an image bearer of God, which is reflected in an appreciative tone and selective use of language. The stories are used to spark change and to make a positive difference, thus changing the *experience* of the women and allowing these women to re-write the narrative of their lives.

Although negative management practices (e.g. bullying, downsizing, and layoffs) have been shown to have harmful effects on the psychological and physical well-being of employees, the study of positive management practices that have beneficial effects (Cameron et al., 2003; Fredrickson, 2006) is a rapidly growing subset of scholarship. The study of dignity falls within this realm as knowledge about practices and processes that promote the best of the human condition—dignity—are aimed at justice and flourishing. All three studies contained in this monograph have advanced understanding of the promotion of human dignity with *knowledge, judgment, and experience* on the topic, and by doing so, have paved the road for much more research towards the same end goal. In the next section, I list ongoing research that was begun during my time as a doctoral student and which I will continue once this life Chapter is closed.

5.2 Future research

While conducting the research upon which these three papers build, I maintained a pipeline of continuing and future research that extend inquiry into human dignity and its ideal aim of human flourishing, with a particular connection to the physical environment. In one ongoing study, I have collaborated with Sherry Moss, Professor of Organizational Studies and Area Chair of Wake Forest University School of Business. Together we have conducted a longitudinal, mixed-method study with the aim of better understanding the desired and undesired effects of transitioning from private workspaces to a shared, open, collaborative workspace. This study informs how a change in the physical dimensions of a workspace informs work practices. We intend to frame this study around Goffman's (1959) frontstage-backstage theory to reveal how organizational actors cope once the backstage is removed. Our data suggests that in removing the backstage, people feel vulnerable and hurt, in other words, their sense of dignity is jeopardized. This study was conducted over one year. Quantitatively, we monthly measured: engagement (Rich, Lepine, & Crawford, 2010); identification (Ashforth & Mael, 1989); perceived organizational support (Eisenberger, Huntington, Hutchison, & Sowa, 1986); procedural fairness, employee voice, and justification (Daly & Geyer, 1994); and violation (Robinson & Morrison, 2000). Qualitatively, we conducted interviews at three time intervals: 1) pre-move; 2) immediate post-move; and 3) 6-months post move. The research was designed and the data collected during my time as a doctoral student. The current work in progress has been accepted for presentation at the 7th Biennial POS Research Conference in Orlando, FL, to be held in June 2015. Following my dissertation defense, we will analyze and write up the study and are targeting *Administrative Science Quarterly* (ASQ) as the data from this study is rich, the story compelling, the findings promising, and ASQ is

receptive to work conducted during a scholar's doctoral tenure. ASQ carries an impact factor of 7.057.

In addition to the ongoing study just outlined, I have also been invited to submit a theoretical paper to the "Building Change" stream of the 2015 APROS/EGOS Conference with the intention for the paper to become a book Chapter. The objective of this paper is to understand the capacity of the built environment in promoting well-being and flourishing, which extends our knowledge of how to improve building performance cost effectively by adopting available and emerging energy technologies and also available and emerging well-being technologies.

A third horizon project includes a collaborative study with Amy Wrzesniewski, Professor Yale School of Management, and Marlene Walk, Assistant Professor Indiana University, that seeks to understand the role that others play in job crafting and whether interdependence can be an encourager (not just an inhibitor as it is currently thought of in the literature). One outcome of this research includes better understanding how job crafting enables an organization to transform. We have already collected, and preliminarily analyzed, data for study 1. In the fall of 2015, we intend to design a second study to address our research questions.

5.3 In Closing

This body of work has intentionally focused on promoting dignity in organizational life as opposed to mitigating indignity. These are fundamentally different approaches. The first builds good, while the second reduces bad. My approach is partly because the study of indignity appears to be more researched and there is a beckoning gap to study the concept from a positive approach. But also, a

constructive approach builds thought and action repertoires for real positive change that aims at the best of the human condition. In creating dignifying conditions, organizations crowd out indignities while also building strengths to allow individuals to deal with indignities when they do arise. By doing so, organizations are contributors in keeping alive what makes human life worth living.

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Appendix 3A-1. Cleveland Clinic Semi-Structured Interview Guide

1. What role do you have in decision-making and/or implementation of the design of the space?
2. What do you consider unique about the space of CCF main campus and the Miller Pavilion predominantly?
3. What values do you believe are represented in the space of CCF main campus and the Miller Pavilion predominantly? In what ways?
4. What components of the space are intentionally designed for occupants? In what ways are occupants considered?
5. How do you hope occupants think and feel about the organization as they walk through the halls of CCF main campus and the Miller Pavilion predominantly? What elements are intentionally designed and built to promote these desired feelings and thoughts?
6. Are design decisions based on evidence-based examples and research? If so, from where?
7. In what ways does the space of CCF Main and the Miller Pavilion predominantly affect you? In its design, how does this organization compare to others from your past? What affect does the difference have?
8. When on main campus and in the Miller Pavilion predominantly, what sensory elements do you notice on a regular basis? Sounds? Sights? Smells?
9. Do you have a happy place on main campus? If so, where? What is it about that space that makes it a happy place?

Appendix 4A-1. Summary of the Biblical story of Hagar, Genesis 16:21

Hagar lived at around 2000 BC working in a foreign land as a domestic servant for the wealthy Abraham and his wife, Sarah. As Sarah was unable to have children, they followed a common practice of the time: Sarah offered her servant, Hagar, to Abraham. When Hagar became pregnant, however, Sarah grew jealous and cast her out of their home. An angel found Hagar hopeless, alone, and crying in the desert. The angel spoke to her, promising a blessing on her child and naming him Ishmael, which means “God hears.” In response to how God sought her out in her hopelessness, Hagar declared, “You are the God who sees me.” Hagar returned to Abraham’s household 14 years later. Sarah bore her own son, and again due to jealousy, forced Hagar and Ishmael to leave. Hagar returned to the desert and wandered there without hope. Finally, when their water ran out, she placed her son under a bush and walked away to weep at a distance, as she could not bear to watch him die. God again heard their cries. An angel of God called to Hagar and said, “Do not be afraid; God has heard the boy crying.” The angel of God reminded Hagar of God’s blessing and provided a spring of water for them. They survived and prospered, and Ishmael led a great nation as God had promised.

Appendix 4A-2. Hagar International mission

Our purpose is singular; we restore broken lives. We welcome the toughest of human conditions. We stay focused on the individual. And we do whatever it takes for as long as it takes to restore life in all its fullness.

“Whatever it takes for as long as it takes to restore a broken life!”

Hagar is a global Christian organization, registered in Switzerland that operates commercial and non-profit entities and engages in private and public sector partnerships in pursuit of its mission to restore women and children who suffer extreme human rights abuse to life in all its fullness.

Why

Hagar is following the example of Jesus in humbly serving and loving those rejected and exploited by society. Hagar nurtures hope, healing, resilience, dignity, family and community so that all involved (donors, partners, staff and clients) experience transformation.

Who

Hagar is responsive to the most severe injustice and alienation among individual women and children. Consistent with Jesus’ example, Hagar provides services without any discrimination on the basis of religious beliefs, race, gender, culture, social position, or nationality.

What

Hagar is tenacious – whatever it takes for as long as it takes – in recognition of the deep wounding of severe abuse. Through its social programs, commercial businesses, and partnerships, Hagar ensures high quality services in health care, legal support, psychosocial support, education, family services, training and employment.

How

Hagar is focused on the individual and committed to real life giving relationships in nurturing each one to their full potential. Hagar identifies the individual needs and potential of each survivor and nurtures, through relationships, their journey towards resilience and dignity.

Appendix 4A-3. Sample stories of hope (Hagar International, 2012b)

Minh's Story

My name is Minh. These days, I feel really happy. But that wasn't always true. A few years ago everything was different. I grew up in Northern Vietnam, right near the border of China. My sister and brothers raised me because our parents died when I was 13. Life was complicated and I dropped out of school to find work. That's when my brother's friend tricked me. He promised me good work. But then he sold me to China. I was only there for a year, but every moment was horrible. Thankfully, I was rescued and returned home. When I first got home nothing felt the same. It was so hard to understand. Another organization helped me at first, but then they referred me to Hagar. I started to learn more about myself through personal development training. I studied table service and really loved learning new things. I tried my best to overcome my difficulties and complete the training. I started to think about the future. And then I could feel myself getting more confident. I realized that I could achieve more than I dreamed of before. With patience, I can reach my goals. My life can get better. My vision for my life has enlarged. Now, I am back in my hometown. I work in a restaurant and I am really happy. I catch up with Hagar staff sometimes and know I am on the right path. One day I would really like to get married and have a family.

Phoung's Story

About a year ago, I couldn't see my life in color. It was dull. Worthless. I was numb. It was hard for me to love my family. Impossible to love myself. When I started attending Hagar's programs in Vietnam, something changed. I learned that other women have stories too. I listened to them. And I knew I wasn't alone. I could look at each woman in the shelter and see them as my sisters. We were walking this

journey together. I am still learning about myself. I love to paint. Because when I paint, I feel my heart growing bigger. I see myself sharing more love to everyone around me. "Life is not always pink." That's what we say in Vietnam. Because life isn't always happy and carefree. I know this is true. Because I have been there. I know that life isn't perfect. But we have to find a way to stand on our own two feet and be open to what life offers us. Even my family sees the change in me. They say that I am different now. I know I am. I was even promoted as a barista at Joma Bakery Café after working for just three months! A year ago, my life was dull and grey. But now I see the colors. And I believe I can experience life in all of its fullness.

Sophat's Story

Everyday Sophat creates a symphony of flavors. He chops, slices and dices; he grills and bakes and fries. He tempts the taste buds of tourists from all over Phnom Penh as he cooks their next meal of the day. Sophat is a great cook. For Sophat, this is a dream come true - and a life he would have thought impossible only a few years before. Growing up on the streets, Sophat was a rough and ready street boy. He'd tried a recovery program in the past and hadn't been able to complete it. Still, he was taken in by a local shelter that cared for street boys and referred to Career Pathways Training Program in September 2007. With countless challenges ahead of him, and a difficult attitude to contend with, Sophat began Career Pathways and completed his first three months of soft skills training. As he thought about which Hagar training program to go through, he decided on cooking and began training with Hagar Catering. The six month training program gave him experience in four different cooking sites and exposed him to different cuisines. Not only was he talented at what he did, but all the chefs with whom he worked really appreciated Sophat's character and attitude. When Sophat graduated from

the cooking training, he interviewed with a popular western restaurant and landed as job as a cook! He will learn English on the job and make countless tourists happy with the meals he makes.

For a young man who grew up on the streets cooking is his dream come true.

Hope for Hagar

Can one group - or even one individual - truly make a difference? The answer to that is a resounding yes! Right in the middle of the current economic environment, one small church in Long Beach, CA has made a huge difference in the lives of children in Cambodia. The church ran Hope for Hagar, a two month long awareness and fundraising campaign with the bold goal of raising US\$10,000 for Hagar's Community Learning Centre.

"Week after week, as the campaign progressed, I saw my own faith strengthened by the response of our congregation," said Paul Park a member of the Long Beach church.

"Evident in the faces of our church members was an embracing of the causes of social justice and mercy, of being committed advocates for the vulnerable and the powerless. Even more tangibly, however, was what we accomplished through sacrificial giving and creative fundraising." Throughout the two month campaign, the church more than doubled their goal of \$10,000! It goes to show that people and groups, however big or small, can make a difference. "What can one local church like ours do about global scourges like poverty, scarcity of education and dehumanizing exploitation?" Park said. "It begins with a resolve to overcome unfamiliarity and complacency...We get educated on the issues. We take audacious, faith stretching action. As we take these steps, we see some of the best of what God can do through us."

Appendix 4A-4. Hagar semi-structured interview guide

Opening:

1. How did you become involved in Hagar? What inspires you to stay? What makes you proud of the organization?
2. Tell me a story of a time when an event or person affiliated with Hagar moved you in a positive way?
3. What do you deem the key determinants to the success of the organization? To the promotion of human dignity?

Focus:

1. How influential have Pierre and Simonetta been in the mission and purpose of Hagar in the beginning of the organization? And today? In a few words, how would you sum up their leadership? Has this been fostered throughout the organization? How?
2. What is the spirit/lifeblood/raison d'être of Hagar? What specific mechanisms are in place to allow this spirit to thrive?
3. What is Hagar's basic understanding of a human? What human dignity should be afforded to each individual? Where did this notion come from? How has your sense of dignity been promoted or enhanced by your work with Hagar?
4. How are stories communicated through the organization? Both formally and informally?
5. What is the organizational structure? Is there an organizational chart? Has it changed / evolved? If so, how frequently and why? What is unique about Hagar's business model?

6. How do the international offices work together? Is there cultural and country boundary spanning involved? What opportunities for success as well as challenges does this international model face?
7. What are the opportunities inherent in a hybrid business model (not for profit with for profit operations)? Is there an aspiration to become for-profit?
8. How did Hagar scale up its initiatives to multiple countries? How were these countries chosen? What are the further opportunities to growth? What are the challenges to growth?
9. What causes some initiatives to be kept while others are dropped?
10. How does Hagar contribute to the UN Millennium Goals? Is this a transparent contribution?